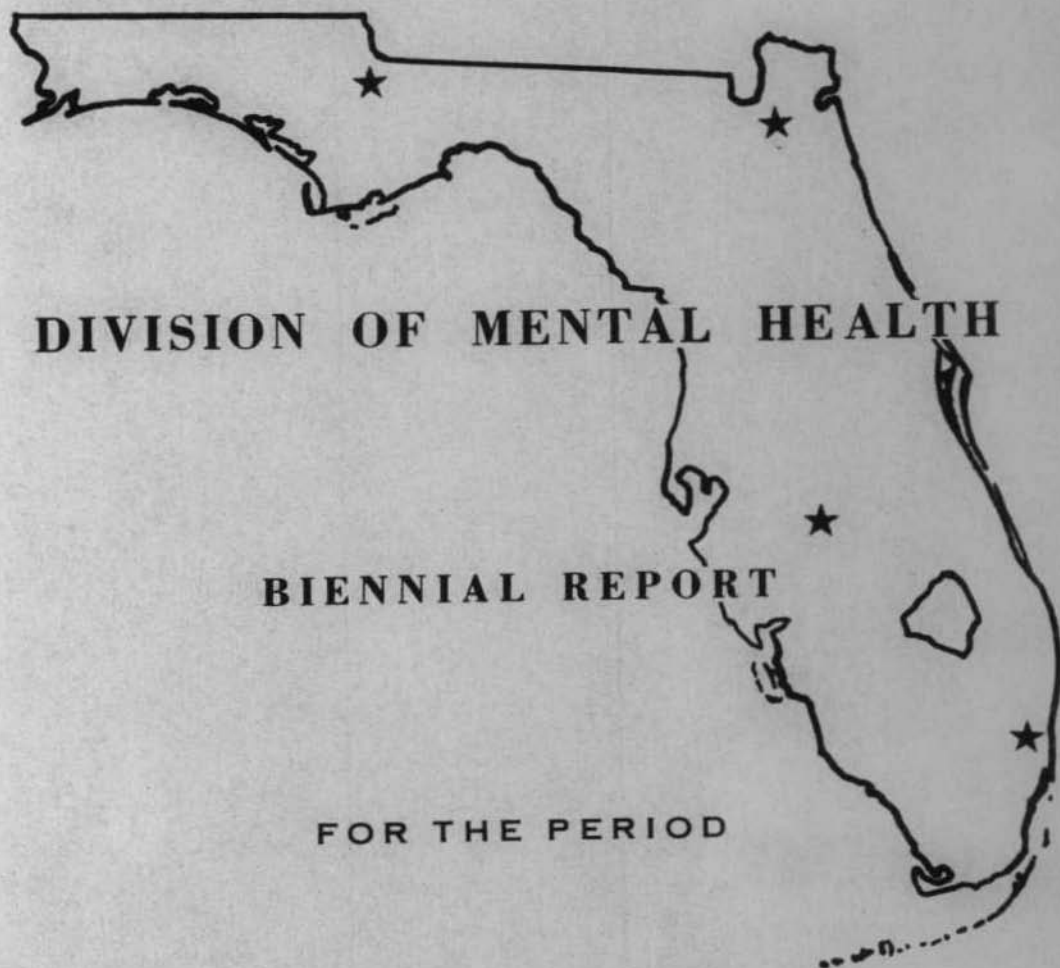


STATE OF FLORIDA



DIVISION OF MENTAL HEALTH

BIENNIAL REPORT

FOR THE PERIOD

JULY 1, 1960 THROUGH JUNE 30, 1962

FLORIDA STATE LIBRARY.

**REPORT OF THE DIRECTOR
DIVISION OF MENTAL HEALTH**

Covering activities of

**FLORIDA STATE HOSPITAL
CHATTAHOOCHEE**

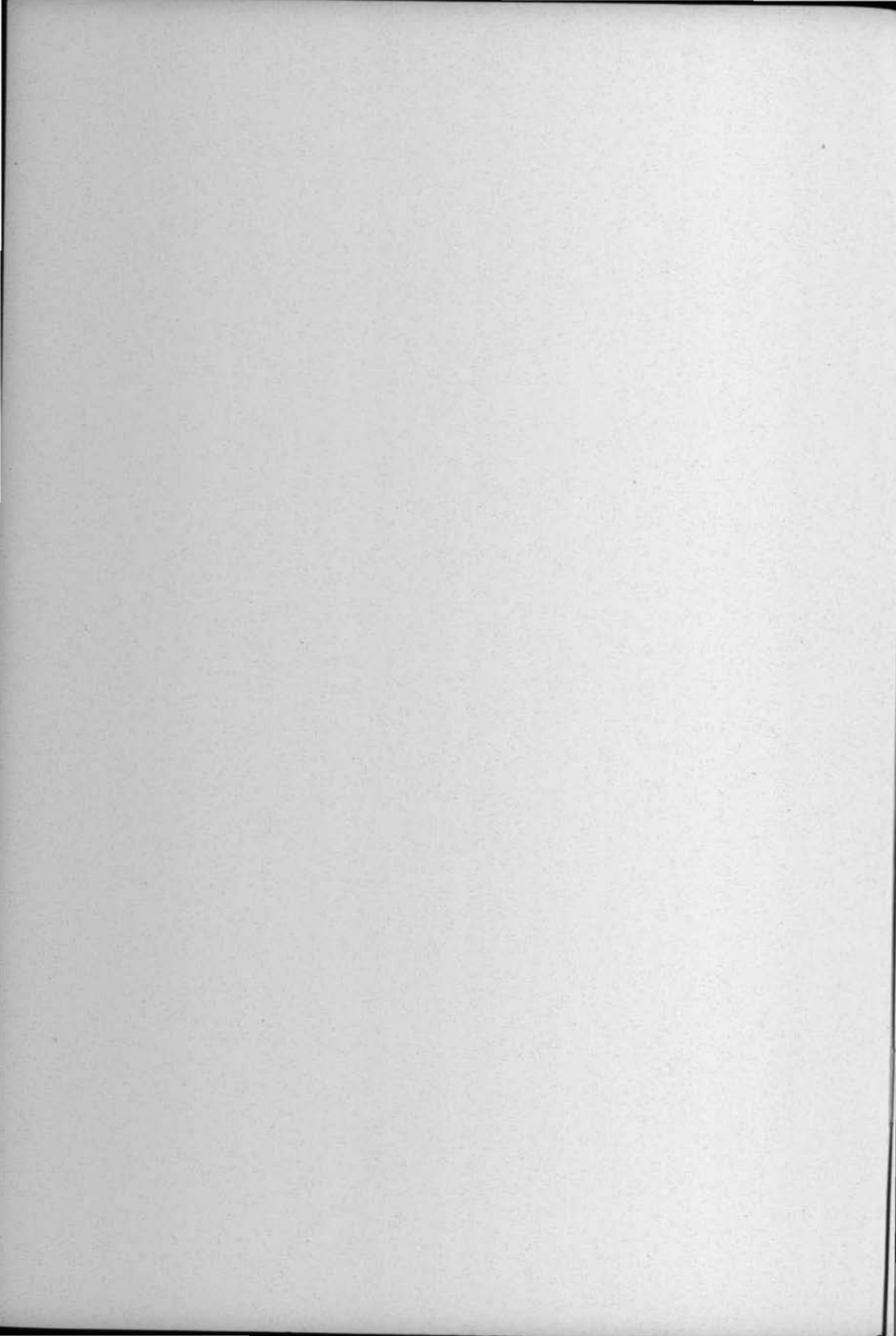
**G. PIERCE WOOD MEMORIAL HOSPITAL
ARCADIA**

**SOUTH FLORIDA STATE HOSPITAL
HOLLYWOOD**

**NORTHEAST FLORIDA STATE HOSPITAL
MACCLENNY**

For the period

July 1, 1960 through June 30, 1962



GOVERNING BODY
BOARD OF COMMISSIONERS OF STATE INSTITUTIONS
TALLAHASSEE, FLORIDA

Farris BryantGovernor

Tom AdamsSecretary of State

Ray E. GreenComptroller

Richard W. ErvinAttorney General

Doyle ConnerCommissioner of Agriculture

J. Edwin Larson.....Treasurer

Thomas D. Bailey.....State Superintendent of Public Instruction

Mrs. Lula L. Mullikin.....Secretary to the Board

W. D. Rogers, M.D.Director

DIVISION OF MENTAL HEALTH

Chattahoochee, Florida



TRANSMITTAL

Board of Commissioners of State Institutions
Tallahassee, Florida

Gentlemen:

The Biennial Report of the Division of Mental Health for the period July 1, 1960 through June 30, 1962 is transmitted herewith. This report covers the treatment program, statistical data, and management and other activities of the four state mental hospitals operating within this Division.

Good progress has been made during this biennium as is evidenced by the data contained in this report. At the same time, it is obvious that there is still much to be accomplished in order to meet the ever increasing demands for care and treatment in our hospitals and to further improve the treatment program. The fulfillment of these needs is largely dependent upon the providing of adequate funds for the construction of new facilities, for replacement of several buildings, and for major repairs and alterations to other buildings, as well as the providing of more adequate operating appropriations. Funds to meet these needs have been requested in our Capital Outlay and Operating Budgets for 1963-1965.

Deep appreciation is expressed to the Board of Commissioners of State Institutions and to the Legislature for their kind interest and consideration toward continued improvement of the mental health program in our State.

Respectfully submitted,

W. D. Rogers, M.D.
Director

DIVISION OF MENTAL HEALTH

Created in July 1957 for the general supervision over the operations of our State Hospitals for the care and treatment of the mentally ill, the Division of Mental Health now has the responsibility for four hospitals—the Florida State Hospital, Chattahoochee, activated in 1876; the G. Pierce Wood Memorial Hospital, Arcadia, activated in 1947; the South Florida State Hospital, Hollywood, activated in March 1957; the Northeast Florida State Hospital, Macclenny, activated in August 1959.

During the 1960-1962 biennium approximately 440 beds have been added to the Northeast Florida State Hospital. Facilities for 328 patients have been replaced and facilities for 210 patients have been remodeled at the Florida State Hospital. A new Medical-Surgical hospital with 165 hospital beds has been completed at the G. Pierce Wood Memorial Hospital.

Although much progress has been made in relieving the problem of overcrowding in the hospitals, improvement still must be made. The number of patients at Florida State Hospital has decreased by approximately 600 in recent years, yet this hospital still has in excess of 700 patients over the normal bed capacity. South Florida State Hospital, one of the newer hospitals, was designed for 1,124 patients, yet on June 30, 1962, there were 1,302 patients at this hospital. The increases in the patient population at all of the hospitals for the past five bienniums are as follows:

Biennium	Patient Population Increase
1952-1954	557
1954-1956	351
1956-1958	780
1958-1960	611
1960-1962	346

It might be pointed out that in the 1956-1958 biennium the South Florida State Hospital was activated and in the 1958-1960 biennium the Northeast Florida State Hospital was activated. With the constant increase in the population of Florida it appears that the patient population in the mental hospitals will continue to increase even with the constant improvements and expansion of the treatment programs.

One of the major problems in the field of mental health is the constant and increasing demand for admissions to the hospitals of persons in the advanced age group. Whereas, on June 30, 1962, the resident patients 65 years of age and older represented 26.1% of the total resident population, only 10 years prior, June 30, 1952, resident patients 65 years of age and older comprised only 15.5% of the total resident population.

The demand for admissions to the hospitals has continued to show a marked increase. The admissions in the 1950-1952 biennium totaled 3,286; in the 1958-1960 biennium totaled 8,793; and in the current biennium under report totaled 11,224. This shows an increase in admissions of 7,938 since the 1950-1952 biennium. The increase during the current biennium over 1958-1960 is 2,431 admissions or 27.65%.

During the biennium G. Pierce Wood Memorial Hospital, Arcadia, spent \$53,326 and South Florida State Hospital, Hollywood, spent \$32,678 to repair damages to buildings and equipment caused by Hurricane Donna which struck in October, 1960. Although this hurricane did extensive damage to the buildings and grounds of these two institutions, it did not cause any injuries of either patients or employees. Much credit for this remarkable record is certainly due the personnel of these institutions.

Data processing equipment was installed in the Division office in the second year of the biennium under report. Statistical data are recorded on punch cards on a current monthly basis for all patients in each of the four hospitals. The accumulation of this data for the full year has proven quite useful for statistical reporting as well as administrative purposes. The accumulation of historical patient data over the years should render considerable aid in future planning of state mental health facilities as well as providing much needed information for administrative and clinical purposes.

Property records have been placed on this data processing equipment. Through the use of these records more accurate inventories are available and better control over the hospitals' machinery and equipment is maintained. It is anticipated that, through experience, information will become available which will allow for more effectual planning for replacements and future requirements of equipment items. Payrolls have also been placed on the data processing equipment and other programs will be added as machine and personnel time permit.



DIVISIONAL DATA PROCESSING OFFICE

MOVEMENT OF PATIENT POPULATION BY HOSPITALS
JULY 1, 1960 THROUGH JUNE 30, 1962

	TOTAL All Hospitals	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny
ADMISSIONS:					
New Commitments	6,911	2,855	1,056	1,679	1,321
Certifications and Voluntary	849	218	38	502	91
Transfers from other Division Hospitals	44	23			21
Returned from Trial Visit	2,937	1,236	577	399	725
Returned from Escape	264	66	18	103	77
Other Admissions	263	70	31	121	41
TOTAL ADMISSIONS	11,268	4,468	1,720	2,104	2,276
Less Inter-Division Transfers	44				
NET ADMISSIONS	11,224				
SEPARATIONS:					
Released on Trial Visit	6,053	2,732	1,055	836	1,430
Discharges	2,594	872	166	1,168	388
Transfers to other Division Hospitals	44	21	3	4	16
Escaped	405	99	23	138	145
Deceased	1,637	960	330	289	58
Other Separations	189	74	1	105	9
TOTAL SEPARATIONS	10,922	4,758	1,578	2,540	2,046
Less Inter-Division Transfers	44				
NET SEPARATIONS	10,878				
Net Increase or -Decrease in Population	346	-290	142	264	230
POPULATION BEGINNING OF PERIOD	9,460	6,396	1,663	1,038	363
POPULATION END OF PERIOD	9,806	6,106	1,805	1,302	593

DIVISION OF MENTAL HEALTH—ALL HOSPITALS
SUMMARY OF PATIENT STATISTICS BY BIENNIUM
FOR PERIODS AS INDICATED

Biennium	Population July 1	Admissions	Separations	Net Increase For Biennium	Population June 30
1950-52	6,576	3,623	3,038	585	7,161
1952-54	7,161	4,182	3,625	557	7,718
1954-56	7,718	5,306	4,955	351	8,069
1956-58	8,069	6,892	6,112	780	8,849
1958-60	8,849	8,884	8,273	611	9,460
1960-62	9,460	11,268	10,922	346	9,806
Percent of Increase 1960-62 Over 1950-52		211%	260%		

AS OF JUNE 30, 1962, THE DIVISION OF MENTAL HEALTH
SHOWED THE FOLLOWING FIGURES:

Institutions	Patients Present	Employees Authorized	Buildings & Structures	Land Acreage
Florida State Hospital—Chattahoochee.	6,106	1,941	196	515
G. Pierce Wood Memorial Hospital— Arcadia	1,805	765	110	2,170
South Florida State Hospital— Hollywood	1,302	724	52	283
Northeast Florida State Hospital— Macclenny	593	559	41	306
TOTALS	9,806	3,989	399	3,274

OPERATING EXPENSES

Expended by:	TOTAL	First Year of Biennium	Second Year of Biennium
Florida State Hospital—Chattahoochee	\$15,615,380	\$ 7,555,267	\$ 8,060,113
G. Pierce Wood Memorial Hosp.—Arcadia ..	5,321,362	2,444,060	2,877,302
South Florida State Hospital—Hollywood ...	5,351,895	2,519,918	2,831,977
Northeast Florida State Hosp.—Macclenny ..	3,035,451	1,307,215	1,728,236
Office of Director—Chattahoochee	94,375	28,058	66,317
TOTALS	\$29,418,463	\$13,854,518	\$15,563,945

PER PATIENT PER DAY COSTS

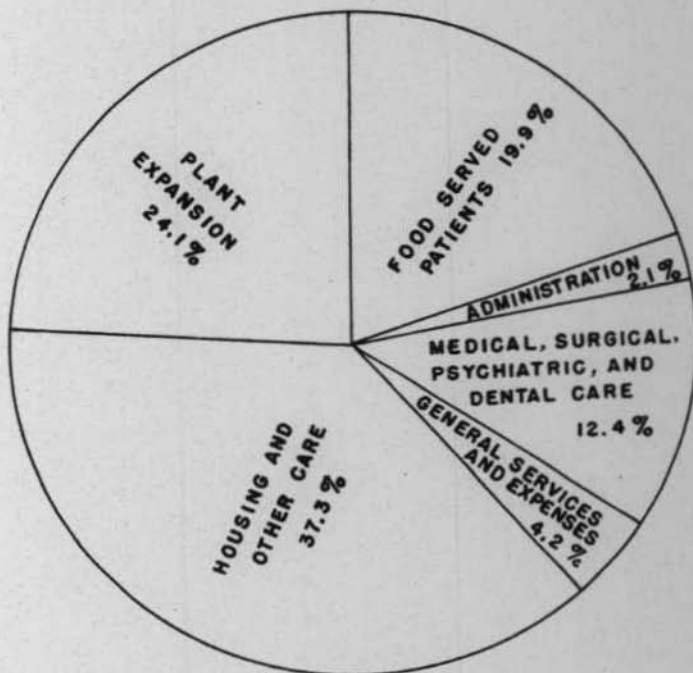
Expended by:	Average for Biennium	First Year of Biennium	Second Year of Biennium
Florida State Hospital—Chattahoochee	\$3.403	\$3 242	\$3.569
G. Pierce Wood Memorial Hosp.—Arcadia ..	4.235	3.974	4.485
South Florida State Hospital—Hollywood ...	6.143	6.211	6.084
Northeast Florida State Hosp.—Macclenny ..	8.960	8.576	9.274
Office of Director—Chattahoochee .....	.013	.008	.019
Average for Division	\$4.170	\$3.955	\$4.382

TOTAL EXPENSES AND CAPITAL OUTLAY

FISCAL YEAR ENDED JUNE 30, 1961

Portion of Each Dollar Went

For



EXPENSES AND CAPITAL OUTLAY OF:

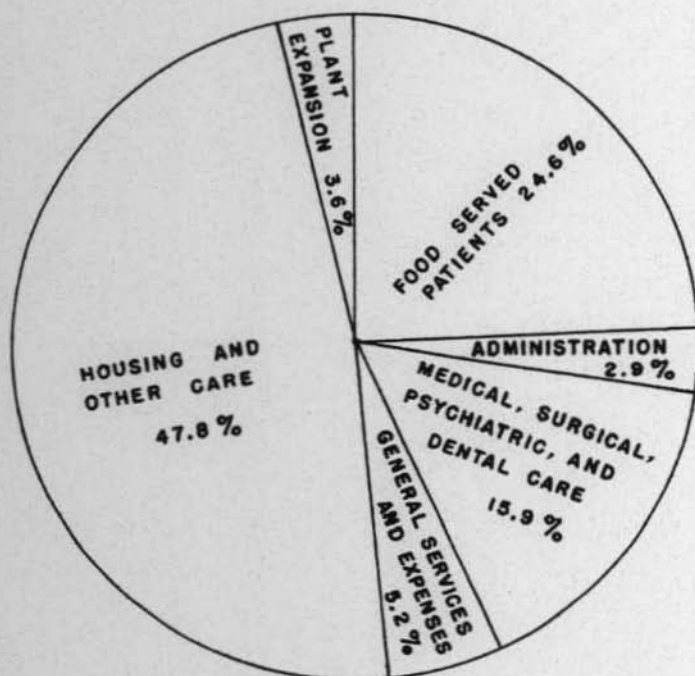
Florida State Hospital	\$ 8,377,960
G. Pierce Wood Memorial Hospital	3,463,724
South Florida State Hospital	2,615,219
Northeast Florida State Hospital	3,766,334
Administrative—Office of Director	28,600
TOTAL	<u>\$18,251,837</u>

TOTAL EXPENSES AND CAPITAL OUTLAY

FISCAL YEAR ENDED JUNE 30, 1962

Portion of Each Dollar Went

For



EXPENSES AND CAPITAL OUTLAY OF:

Florida State Hospital	\$ 8,264,906
G. Pierce Wood Memorial Hospital	3,093,196
South Florida State Hospital	2,886,960
Northeast Florida State Hospital	1,838,206
Administrative—Office of Director	70,240
TOTAL	<u>\$16,153,508</u>

STATEMENT OF CONDITION
AS OF JUNE 30, 1962

ASSETS	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
CURRENT ASSETS:						
Cash and Bank	\$ 94,098	\$ 43,936	\$ 19,942	\$ 24,661	\$ 5,559	\$
State Treasurer	20,536	17,980	.....	2,556	.....	.....
Appropriations:						
Operating	862,320	246,829	233,628	115,207	255,648	11,008
Capital Outlay	5,988,636	2,073,708	810,283	5,257	3,099,066	322
Accounts Receivable	155,365	58,023	60,805	31,337	5,200	.....
Inventory of Supplies	1,529,518	952,318	232,459	222,234	122,507	.....
Deferred Charges	10,233	6,042	435	2,960	581	215
Ward Inventory of Clothing, Bedding & Linens	431,117	267,612	95,087	37,515	30,903	.....
TOTAL CURRENT ASSETS	\$ 9,091,823	\$ 3,666,448	\$ 1,452,639	\$ 441,727	\$ 3,519,464	\$ 11,545
FIXED ASSETS:						
Books	\$ 11,210	\$ 3,830	\$ 909	\$ 3,915	\$ 2,404	\$ 152
Land and Improvements	804,183	128,045	178,315	320,976	176,847	.....
Machinery and Equipment	10,058,437	6,560,857	870,441	740,115	1,879,564	7,460
Buildings and Structures	30,501,652	11,897,455	4,104,252	9,244,792	5,255,153	.....
Projects in Progress	3,826,578	12,683	1,390,759	.....	2,423,136	.....
TOTAL FIXED ASSETS	\$45,202,060	\$18,602,870	\$ 6,544,676	\$10,309,798	\$ 9,737,104	\$ 7,612
TOTAL ASSETS	\$54,293,883	\$22,269,318	\$ 7,997,315	\$10,751,525	\$13,256,568	\$ 19,157

STATEMENT OF CONDITION — Continued
As of June 30, 1962

LIABILITIES, RESERVES AND BALANCES	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
CURRENT LIABILITIES:						
Accounts Payable.....	\$ 86,027	\$ 56,985	\$ 9,925	\$ 642	\$ 17,874	\$ 601
Prepaid Pay Patient Fees.....	16,733	8,188	5,745	2,354	446	.....
Reserve for Sales Tax Remittals.....	412	241	69	65	37	.....
Reserve for General Revenue Remittals.....	234,676	92,802	79,748	53,999	8,127	.....
TOTAL CURRENT LIABILITIES.....	\$ 337,848	\$ 158,216	\$ 95,487	\$ 57,060	\$ 26,484	\$ 601
APPROPRIATION AND FUND BALANCES—NET	6,868,340	2,337,920	1,043,911	120,464	3,354,715	11,330
RESERVE FOR WARD INVENTORIES.....	431,117	267,612	95,087	37,515	30,903	.....
UNRESTRICTED CURRENT BALANCES.....	1,467,302	908,261	218,298	226,689	114,196	—142
PLANT INVESTMENT.....	45,189,276	18,597,309	6,544,532	10,309,797	9,730,270	7,368
TOTAL LIABILITIES, RESERVES AND BALANCES.....	\$54,293,883	\$22,269,318	\$ 7,997,315	\$10,751,525	\$13,256,568	\$ 19,157

SUMMARY OF OPERATIONS
FOR THE FISCAL YEAR ENDED JUNE 30, 1961

	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
BALANCES BROUGHT FORWARD JULY 1, 1960						
Current Resources:						
Cash and Bank.....	\$ 62,500	\$ 32,855	\$ 8,686	\$ 17,183	\$ 3,776	\$
Accounts Receivable.....	137,752	43,052	57,817	34,010	2,873	.....
State Treasurer.....	18,004	15,707	.....	2,297	.....	.....
Appropriations.....	6,514,670	1,626,873	1,394,834	374,603	3,114,238	4,122
Inventories.....	1,399,170	894,987	212,885	182,819	108,479	.....
Deferred Charges.....	22,402	11,289	2,143	4,491	4,479	.....
Total Current Resources.....	\$ 8,154,498	\$ 2,624,763	\$ 1,676,365	\$ 615,403	\$ 3,233,845	\$ 4,122
Less, Current Liabilities						
Accounts Payable.....	\$ 190,621	\$ 169,791	\$ 9,033	\$ 4,378	\$ 7,380	\$ 39
Prepaid Pay Patient Fees.....	10,247	4,869	2,855	1,698	825	.....
Reserve for Sales Tax Remittals.....	86	6	.....	45	35	.....
Reserve for Partial Payment Contracts.....	1,550	1,550	.....	.....	.....	.....
Total Current Liabilities.....	\$ 202,504	\$ 176,216	\$ 11,888	\$ 6,121	\$ 8,240	\$ 39
NET CURRENT RESOURCES JULY 1, 1960.....	\$ 7,951,994	\$ 2,448,547	\$ 1,664,477	\$ 609,282	\$ 3,225,605	\$ 4,083
APPROPRIATIONS, REVENUES & OTHER ADDITIONS:						
Appropriations:						
Operating.....	\$14,656,707	\$ 8,005,596	\$ 2,537,969	\$ 2,652,395	\$ 1,429,920	\$ 30,827
Other.....	17,104	9,782	2,031	4,064	1,227	.....
Transfers.....	.....	—65,000	65,000	.....	.....	.....
Revenues:						
Income from Paying Patients.....	873,737	427,530	216,363	198,958	30,886	.....
Interest Income.....	9,165	5,864	2,075	1,226	.....	.....
Other Revenues.....	30,543	23,641	4,450	3,050	—598	.....
Donations:						
Government Surplus Commodities.....	184,256	142,513	21,732	16,086	3,925	.....
Other Donations.....	4,258	.....	315	2,707	1,236	.....
Auxiliary Fund.....	37,478	23,579	4,309	3,417	6,173	.....
Grants and Donations Trust Fund.....	13,228	.....	.....	13,228	.....	.....
Transfers between Divisional Hospitals.....	.....	—100	100	.....	.....	.....
Ward Inventory Decrease.....	859	532	6,489	—4,104	—2,058	.....
Adjustments—Prior Years.....	29,360	26,431	.....	2,929	.....	.....
Other Additions.....	4,506	2,427	.....	1,649	430	.....
TOTAL ADDITIONS.....	\$15,861,201	\$ 8,602,795	\$ 2,860,833	\$ 2,895,605	\$ 1,471,141	\$ 30,827

SUMMARY OF OPERATIONS — Continued
FOR THE FISCAL YEAR ENDED JUNE 30, 1961

	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
TOTAL AVAILABLE.....	\$23,813,195	\$11,051,342	\$ 4,525,310	\$ 3,504,887	\$ 4,696,746	\$ 34,910
EXPENSES AND OTHER DEDUCTIONS						
OPERATING EXPENSES:						
Dietary Services to Patients.....	\$ 3,639,281	\$2,169,736	\$ 610,538	\$ 609,341	\$ 249,666	\$.....
Administration.....	388,295	132,632	66,450	86,794	74,361	28,058
Medical, Surgical, Psychiatric, Dental and Other Professional Care.....	2,255,299	1,085,072	290,226	514,289	365,712	.....
General Services and Expenses.....	771,980	306,471	176,249	175,713	113,547	.....
Housing and Other Care of Patients.....	6,799,663	3,861,356	1,300,597	1,133,781	503,929	.....
TOTAL OPERATING EXPENSES.....	\$13,854,518	\$ 7,555,267	\$ 2,444,060	\$ 2,519,918	\$ 1,307,215	\$ 28,058
PLANT EXPANSION.....	\$ 4,397,319	\$ 822,693	\$ 1,019,664	\$ 95,301	\$ 2,459,119	\$ 542
NON-OPERATING DEDUCTIONS:						
Appropriations Reverted.....	\$ 1,928,923	\$ 1,042,401	\$ 264,831	\$ 352,516	\$ 262,752	\$ 6,423
Remittals to General Revenue.....	1,002,246	518,276	204,122	234,482	45,366	.....
Trust Funds Transferred to General Revenue.....	30	.....	.....	30	.....	.....
Repairs of Hurricane Damage.....	81,417	.....	53,326	28,091	.....	.....
Other Expenditures and Deductions.....	26,746	4,285	2,033	19,874	554	.....
TOTAL NON-OPERATING DEDUCTIONS...	\$ 3,039,362	\$ 1,564,962	\$ 524,312	\$ 634,993	\$ 308,672	\$ 6,423
TOTAL EXPENSES AND OTHER DEDUCTIONS.....	\$21,291,199	\$ 9,942,922	\$ 3,988,036	\$ 3,250,212	\$ 4,075,006	\$ 35,023
BALANCES FORWARDED JUNE 30, 1961.....	\$ 2,521,996	\$ 1,108,420	\$ 537,274	\$ 254,675	\$ 621,740	\$ —113

SUMMARY OF OPERATIONS
FOR THE FISCAL YEAR ENDED JUNE 30, 1962

	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
BALANCES BROUGHT FORWARD JULY 1, 1961						
Current Resources:						
Cash and Bank.....	\$ 48,754	\$ 34,197	\$ 11,312	\$.....	\$ 3,245	\$.....
Accounts Receivable.....	170,352	56,226	76,655	29,533	7,938	.....
State Treasurer.....	21,513	17,721	.....	3,792	.....	.....
Appropriations.....	1,221,209	191,623	217,450	12,732	799,404	.....
Inventory of Supplies.....	1,425,726	858,358	248,323	214,719	104,326	.....
Deferred Charges.....	18,008	10,074	1,681	3,449	2,716	88
Total Current Resources.....	\$ 2,905,562	\$ 1,168,199	\$ 555,421	\$ 264,225	\$ 917,629	\$ 88
Less, Current Liabilities:						
Accounts Payable.....	\$ 368,960	\$ 50,768	\$ 14,219	\$ 8,435	\$ 295,337	\$ 201
Prepaid Pay Patient Fees.....	14,576	9,008	3,928	1,115	525	.....
Reserve for Sales Tax Remittals.....	30	3	.....	.....	27	.....
Total Current Liabilities.....	\$ 383,566	\$ 59,779	\$ 18,147	\$ 9,550	\$ 295,889	\$ 201
NET CURRENT RESOURCES JULY 1, 1961.....	\$ 2,521,996	\$ 1,108,420	\$ 537,274	\$ 254,675	\$ 621,740	\$ -113
APPROPRIATIONS, REVENUES & OTHER ADDITIONS:						
Appropriations:						
Operating.....	\$22,168,617	\$10,371,016	\$ 3,966,624	\$ 3,009,948	\$ 4,739,733	\$ 81,296
Other.....	17,008	5,986	4,585	4,282	2,155	.....
Transfers.....	.....	103,800	-42,700	-18,200	-42,900	.....
Revenues:						
Income from Paying Patients.....	1,022,359	477,426	259,431	238,623	46,879	.....
Interest Income.....	10,674	6,269	2,350	2,055	.....	.....
Other Revenues.....	16,973	7,256	4,621	2,958	2,138	.....
Donations:						
Government Surplus Commodities.....	157,111	118,417	19,698	14,155	4,841	.....
Other Donations.....	4,927	2,986	1,061	445	435	.....
Auxiliary Fund.....	46,238	27,579	5,479	7,555	5,625	.....
Grants and Donations Trust Fund.....	16,682	.....	.....	16,682	.....	.....
Transfers Between Divisional Hospitals.....	.....	1,029	-150	.....	-879	.....
Services to Employees.....	30,869	28,489	2,380	.....	.....	.....
Prior Year Refunds.....	9,463	9,463	.....	.....	.....	.....
Adjustments—Prior Years.....	37,617	23,023	.....	14,594	.....	.....
Other Additions.....	4,829	1,998	2,275	528	28	.....
TOTAL ADDITIONS.....	\$23,543,367	\$11,184,737	\$ 4,225,654	\$ 3,293,625	\$ 4,758,055	\$ 81,296

SUMMARY OF OPERATIONS — Continued
FOR THE FISCAL YEAR ENDED JUNE 30, 1962

	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
TOTAL AVAILABLE.....	\$26,065,363	\$12,293,157	\$ 4,762,928	\$ 3,548,300	\$ 5,379,795	\$ 81,183
EXPENSES AND OTHER DEDUCTIONS						
OPERATING EXPENSES:						
Dietary Services to Patients.....	\$ 3,980,538	\$ 2,256,820	\$ 697,305	\$ 688,698	\$ 337,715	\$.....
Administration.....	463,590	133,420	80,154	105,478	78,221	66,317
Medical, Surgical, Psychiatric, Dental and Other Professional Care.....	2,562,437	1,133,684	338,071	645,428	445,254	.....
General Services and Expenses.....	837,810	340,222	193,522	166,359	137,707	.....
Housing and Other Care of Patients.....	7,719,570	4,195,967	1,568,250	1,226,014	729,339	.....
TOTAL OPERATING EXPENSES.....	\$15,563,945	\$ 8,060,113	\$ 2,877,302	\$ 2,831,977	\$ 1,728,236	\$ 66,317
PLANT EXPANSION.....	\$ 589,563	\$ 204,793	\$ 215,894	\$ 54,983	\$ 109,970	\$ 3,923
NON-OPERATING DEDUCTIONS:						
Appropriations Reverted.....	\$ 551	\$ 367	\$.....	\$ 16	\$ 168	\$.....
Remittals to General Revenue.....	1,221,363	651,913	273,790	239,619	56,041	.....
Repairs of Hurricane Damage.....	4,587	.....	.....	4,587	.....	.....
Ward Inventory Increase.....	39,016	—4,299	26,854	5,189	11,272	.....
Accounts Receivable Closed.....	43,457	14,404	27,704	.....	1,349	.....
Rentals Expense.....	29,073	31,297	—5,224	510	2,490	.....
Other Expenditures and Deductions.....	16,275	1,147	4,796	10,267	65	.....
TOTAL NON-OPERATING DEDUCTIONS....	\$ 1,354,322	\$ 694,829	\$ 327,920	\$ 260,188	\$ 71,385	\$.....
TOTAL EXPENSES AND OTHER DEDUCTIONS	\$17,507,830	\$ 8,959,735	\$ 3,421,116	\$ 3,147,148	\$ 1,909,591	\$ 70,240
BALANCES FORWARD JUNE 30, 1962.....	\$ 8,557,533	\$ 3,333,422	\$ 1,341,812	\$ 401,152	\$ 3,470,204	\$ 10,943

SUMMARY OF OPERATIONS — Continued
FOR THE FISCAL YEAR ENDED JUNE 30, 1962

	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
RECONCILIATION						
Current Resources:						
Cash and Bank.....	\$ 94,099	\$ 43,936	\$ 19,942	\$ 24,662	\$ 5,559	\$
Accounts Receivable.....	155,365	58,023	60,806	31,337	5,199	.....
State Treasurer.....	20,536	17,980	.....	2,556	.....	.....
Appropriations.....	6,850,956	2,320,537	1,043,910	120,464	3,354,715	11,330
Inventory of Supplies.....	1,529,518	952,318	232,459	222,234	122,507	.....
Deferred Charges.....	10,232	6,042	435	2,959	581	215
Total Current Resources.....	\$ 8,660,706	\$ 3,398,836	\$ 1,357,552	\$ 404,212	\$ 3,488,561	\$ 11,545
Less, Current Liabilities						
Accounts Payable.....	\$ 86,028	\$ 56,985	\$ 9,925	\$ 642	\$ 17,874	\$ 602
Prepaid Pay Patient Fees.....	16,733	8,188	5,746	2,353	446	.....
Reserve for Sales Tax Remittals.....	4 2	241	69	65	37	.....
Total Current Liabilities.....	\$ 103,173	\$ 65,414	\$ 15,740	\$ 3,060	\$ 18,357	\$ 602
NET CURRENT RESOURCES JUNE 30, 1962.....	\$ 8,557,533	\$ 3,333,422	\$ 1,341,812	\$ 401,152	\$ 3,470,204	\$ 10,943

APPROPRIATIONS—COMBINED STATEMENT

FISCAL YEAR ENDED JUNE 30, 1961

	TOTAL	Salaries	Expenses	Food Products	Operating Capital Outlay	Other Capital Outlay	Refund Appn.
Balance Brought Forward July 1, 1960 . . .	\$ 6,514,670	\$ 555,283	\$ 218,027	\$ 467,466	\$ 84,446	\$ 5,189,448	\$
Appropriation for Year	14,656,707	9,143,589	2,332,439	3,040,238	140,441	.....	.....
Appropriation for Refunds	17,104	.....	.....	.....	.....	.....	17,104
Transfer of Revolving Fund	9,000	.....	9,000	.....	.....	.....	.....
Total Available	\$21,197,481	\$ 9,698,872	\$ 2,559,466	\$ 3,507,704	\$ 224,887	\$ 5,189,448	\$ 17,104
Appropriations Expended	18,047,350	9,022,352	2,293,335	2,627,077	184,155	3,903,327	17,104
Appropriations Reverted	1,928,922	676,520	228,051	852,240	37,763	134,348	.....
Unexpended Appropriations June 30, 1961	\$ 1,221,209	\$	\$ 38,080	\$ 28,387	\$ 2,969	\$ 1,151,773	\$

APPROPRIATIONS — COMBINED STATEMENT

FISCAL YEAR ENDED JUNE 30, 1962

	TOTAL	Salaries	Expenses	Other Personal Services	Food Products	Operating Capital Outlay	Other Capital Outlay	Refund Appn.	Old Appn. Forward
Balance Brought Forward									
July 1, 1961.....	\$ 1,221,209	\$.....	\$.....	\$.....	\$.....	\$.....	\$1,151,773	\$.....	\$ 69,436
Appropriation for Year.....	22,168,617	11,658,917	2,397,000	.....	2,508,000	189,700	5,415,000	.....	.....
Refund Prior Years									
Expenditures.....	9,464	.....	.....	.....	.....	.....	9,464	.....	.....
Appropriation for Refunds..	17,008	.....	.....	.....	.....	.....	.....	17,008	.....
Appropriation Transfers.....	.....	—82,000	54,675	50,325	—23,000	.....	.....	.....	.....
Total Available.....	\$23,416,298	\$11,576,917	\$2,451,675	\$ 50,325	\$2,485,000	\$ 189,700	\$6,576,237	\$ 17,008	\$ 69,436
Transfers to Revolving									
Fund.....	9,000	.....	9,000	.....	.....	.....	.....	.....	.....
Appropriations Expended....	16,555,790	11,099,219	2,316,428	35,902	2,241,048	112,151	665,150	17,008	68,884
Appropriations Reverted....	552	.....	.....	.....	.....	.....	.....	.....	552
Unexpended Appropriations									
June 30, 1962.....	\$ 6,850,956	\$ 477,698	\$ 126,247	\$ 14,423	\$ 243,952	\$ 77,549	\$5,911,087	\$.....	\$.....

SUMMARIZED DISTRIBUTION OF PAYROLLS

	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
FOR YEAR ENDED JUNE 30, 1961						
Food Services.....	\$ 976,321	\$ 464,208	\$ 173,684	\$ 232,758	\$ 105,671	\$.....
Administration.....	316,514	104,640	56,716	72,643	60,466	22,049
Medical, Surgical, Psychiatric, Dental and Other Professional Care.....	1,382,273	606,859	151,420	370,948	253,046	.....
General Services and Expenses.....	431,624	185,186	68,666	95,202	82,570	.....
Housing and Other Care.....	4,957,376	2,745,112	904,810	905,795	401,659	.....
Productive, Service and Maintenance.....	964,240	497,957	170,134	190,234	105,915	.....
Hurricane Repairs.....	4,609	.....	4,609	.....	.....	.....
TOTAL SALARY EXPENSES.....	\$ 9,032,957	\$ 4,603,962	\$ 1,530,039	\$ 1,867,580	\$ 1,009,327	\$ 22,049
Salaries Payable June 30, 1960.....	1,901	.....	276	1,146	479	.....
Salaries Payable June 30, 1961.....	—1,199	.....	.....	—1,199	.....	.....
Expended from Trust Funds.....	—11,307	.....	.....	—11,307	.....	.....
TOTAL SALARY APPROPRIATION EXPENDED.....	\$ 9,022,352	\$ 4,603,962	\$ 1,530,315	\$ 1,856,220	\$ 1,009,806	\$ 22,049
FOR YEAR ENDED JUNE 30, 1962						
Food Services.....	\$ 1,215,563	\$ 571,366	\$ 212,177	\$ 275,988	\$ 156,032	\$.....
Administration.....	381,189	106,252	72,224	85,293	64,209	53,211
Medical, Surgical, Psychiatric, Dental and Other Professional Care.....	1,691,547	717,124	215,248	459,816	299,359	.....
General Services and Expenses.....	510,413	224,461	84,901	104,538	96,513	.....
Housing and Other Care.....	6,170,381	3,343,271	1,222,264	1,013,885	590,961	.....
Productive, Service and Maintenance.....	1,115,133	561,436	213,888	212,265	127,544	.....
Rental Units.....	33,865	33,865	.....	.....	.....	.....
TOTAL SALARY EXPENSES.....	\$11,118,091	\$ 5,557,775	\$ 2,020,702	\$ 2,151,785	\$ 1,334,618	\$ 53,211
Salaries Payable June 30, 1961.....	1,199	.....	.....	1,199	.....	.....
Adjust Salaries Expense Prior Year.....	161	.....	206	—45	.....	.....
Expended from Building Appropriations.....	—8,489	—8,489	.....	.....	.....	.....
Expended from Trust Funds.....	—11,743	.....	.....	—11,743	.....	.....
TOTAL SALARY APPROPRIATION EXPENDED.....	\$11,099,219	\$ 5,549,286	\$ 2,020,908	\$ 2,141,196	\$ 1,334,618	\$ 53,211

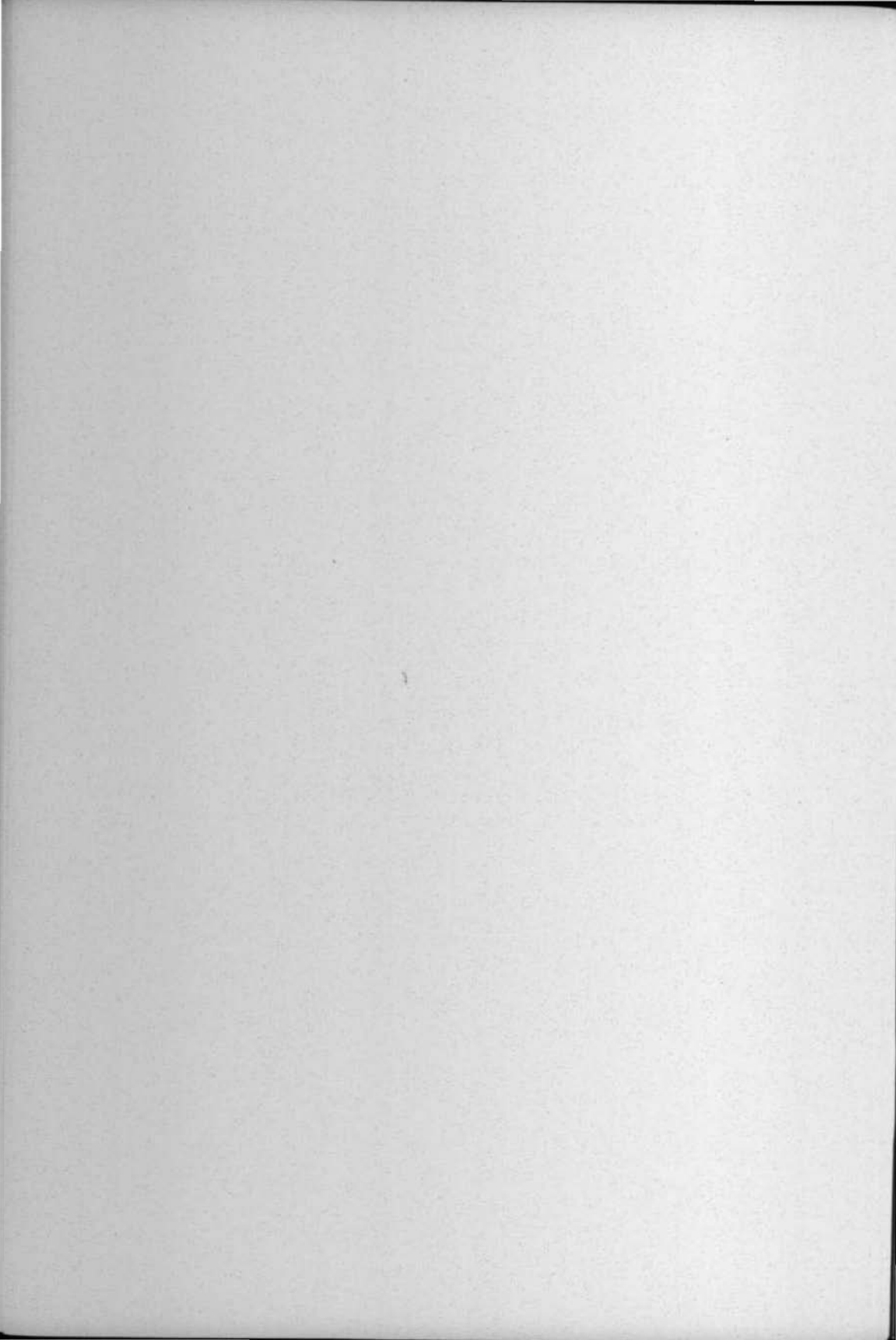


COMPARATIVE MAINTENANCE STATEMENT
FOR YEARS AS INDICATED

	TOTAL		OFFICE OF DIREC- TOR
	Total Cost	Per Diem	
FISCAL YEAR ENDED JUNE 30, 1961			
Average Number of Patients.....	9,598		
Dietary Services to Patients.....	\$ 3,639,281	\$ 1.0388	\$.....
Administration.....	388,295	.1108	28,058
Medical, Surgical, Psychiatric, Dental & Other Professional Care.....	2,255,299	.6438	
General Services and Expenses.....	771,980	.2204	
Housing and Other Care.....	6,799,663	1.9409	
TOTAL OPERATING EXPENSES.....	\$13,854,518	\$ 3.9547	\$ 28,058
FISCAL YEAR ENDED JUNE 30, 1962			
Average Number of Patients.....	9,731		
Dietary Services to Patients.....	\$ 3,980,538	\$ 1.1207	\$.....
Administration.....	463,590	.1305	66,317
Medical, Surgical, Psychiatric, Dental & Other Professional Care.....	2,562,437	.7215	
General Services and Expenses.....	837,810	.2359	
Housing and Other Care.....	7,719,570	2.1734	
TOTAL OPERATING EXPENSES.....	\$15,563,945	\$ 4.3820	\$ 66,317

COMPARATIVE MAINTENANCE STATEMENT
FOR YEARS AS INDICATED

FLORIDA STATE HOSPITAL		G. PIERCE WOOD MEMORIAL HOSP.		SOUTH FLA. STATE HOSPITAL		NORTHEAST FLA. STATE HOSP.	
Total Cost	Per Diem	Total Cost	Per Diem	Total Cost	Per Diem	Total Cost	Per Diem
6,384		1,685		1,112		417	
\$2,169,736	\$.9311	\$ 610,538	\$.9928	\$ 609,341	\$ 1.5019	\$ 249,666	\$ 1.6379
132,632	.0569	66,450	.1080	86,794	.2139	74,361	.4878
1,085,072	.4657	290,226	.4719	514,289	1.2676	365,712	2.3991
306,471	.1315	176,249	.2866	175,713	.4331	113,547	.7449
3,861,356	1.6571	1,300,597	2.1148	1,133,781	2.7945	503,929	3.3059
\$7,555,267	\$ 3.2423	\$2,444,060	\$ 3.9741	\$2,519,918	\$ 6.2110	\$1,307,215	\$ 8.5756
6,187		1,758		1,275		511	
\$2,256,820	\$.9993	\$ 697,305	\$ 1.0869	\$ 688,698	\$ 1.4795	\$ 337,715	\$ 1.8123
133,420	.0591	80,154	.1249	105,478	.2266	78,221	.4198
1,133,684	.5020	338,071	.5270	645,428	1.3865	445,254	2.3894
340,222	.1506	193,522	.3016	166,359	.3574	137,707	.7390
4,195,967	1.8579	1,568,250	2.4444	1,226,014	2.6338	729,339	3.9139
\$8,060,113	\$ 3.5689	\$2,877,302	\$ 4.4848	\$2,831,977	\$ 6.0838	\$1,728,236	\$ 9.2744



FLORIDA STATE HOSPITAL

CHATTAHOOCHEE

W. D. Rogers, M.D.

Superintendent

DEPARTMENT HEADS AND MEDICAL STAFF

W. D. Rogers, M.D.	Superintendent
J. B. O'Connor, M.D.	Clinical Director
F. D. Palsgraaf	Administrative Assistant
A. I. Akomer, M.D.**	Psychiatrist
O. G. Barillias, M.D.**	Psychiatrist
E. G. Chacon, M.D.	Psychiatrist
W. J. Char, M.D.	Psychiatrist
I. T. Clark, M.D.	Psychiatrist
C. H. Cronick, M.D.**	Psychiatrist
C. H. Denser, M.D.*	Psychiatrist
I. H. Erdag, M.D.	Psychiatrist
J. L. Glick, M.D.	Psychiatrist
J. Gumanis, M.D.	Psychiatrist
I. Hanenson, M.D.	Psychiatrist
A. F. Mussa, M.D.	Psychiatrist
P. A. Ojeda, M.D.	Psychiatrist
A. Perez, M.D.	Psychiatrist
C. A. Rich, M.D.	Psychiatrist
M. C. Sexton, M.D.	Psychiatrist
G. M. Stewart, M.D.	Psychiatrist
H. M. Williams, M.D.**	Psychiatrist
C. A. Yozgatliouglu, M.D.**	Psychiatrist
J. J. Billini, M.D.	Physician
A. M. Fernandez, M.D.	Physician
G. B. Fiore, M.D.	Physician
M. P. Perez, M.D.	Physician
G. A. Duff, M.D.	Physician-Anesthesiologist
R. S. Gutsell, M.D.*	Personnel Physician
L. M. Perez, M.D.	Personnel Physician
E. C. Love, M.D.	Radiologist
R. Mosteller, M.D.***	Pathologist
F. D. Neves, M. D.**	Physician-Tuberculosis Service
F. U. Duralde, M.D.	Surgeon
F. L. Varela, M.D.	Surgeon
Luta I. Bowen, R. N.	Anesthetist
J. K. Cox, D.D.S.**	Chief Dentist
P. J. Uhrig, D.D.S.	Chief Dentist
Richard Plant, D.D.S.	Assistant Chief Dentist
J. C. Davis	Chief Psychologist
T. J. Hicks, Jr.	Pharmacist
W. J. Hite**	Chief Medical Technologist

B. J. Dudley	Chief Medical Technologist
Geraldine McAlpin	Chief X-Ray Technician
Virginia Williamson**	Director, Social Service
R. O. Pickens	Director, Social Service
Nancy F. Dodge, R.N.	Supervisor of Nurses
Audrey Hudgens, R.N.	Assistant Supervisor of Nurses
Mary C. Harvard	Director, Occupational and Recreational Therapy
D. D. Miles	Office Manager
H. E. Shepard	Cashier
G. D. Williams	Personnel Director
W. M. Runkle	Accountant
Isabel Mawhinney	Secretary to the Superintendent
J. H. Chapman	Chaplain
Chrystelle Lawrence, R.N.***	Supervisor of Receiving and Intensive Treatment
Elois Beasley, R.N.	Supervisor of Receiving and Intensive Treatment
Mary Joyner, R.N.	Supervisor of Amos Infirmary
Claudine Williams, R.N.	Supervisor of Park Trammell Building
H. M. Dean	Supervisor of White Men's Department
Betty L. Bradley, R.N.	Supervisor of White Women's Department
W. P. Dolan	Supervisor of Colored Men's Department
Chleo Sanders	Supervisor of Colored Women's Department
Mary Alice Pond	Dietitian
Charles P. Evans	Chief Steward
Marvin Hill	Steward, Amos Infirmary Kitchen
Jewel Patman, R.N.	Matron, Landis Hall
Arthur L. Patman	Commissary Manager
Dudley Elder	Plumbing and Electric Supplies Manager
R. T. Duncan	Chief Engineer
J. W. Walden	Laundry Supervisor
E. J. Langley	Fire Chief
Jules Terhell	Horticulturist
Norman S. James	Sanitary Supervisor
Andrew Moore	Construction Supervisor
William O. Cox****	Vocational Rehabilitation

VISITING STAFF

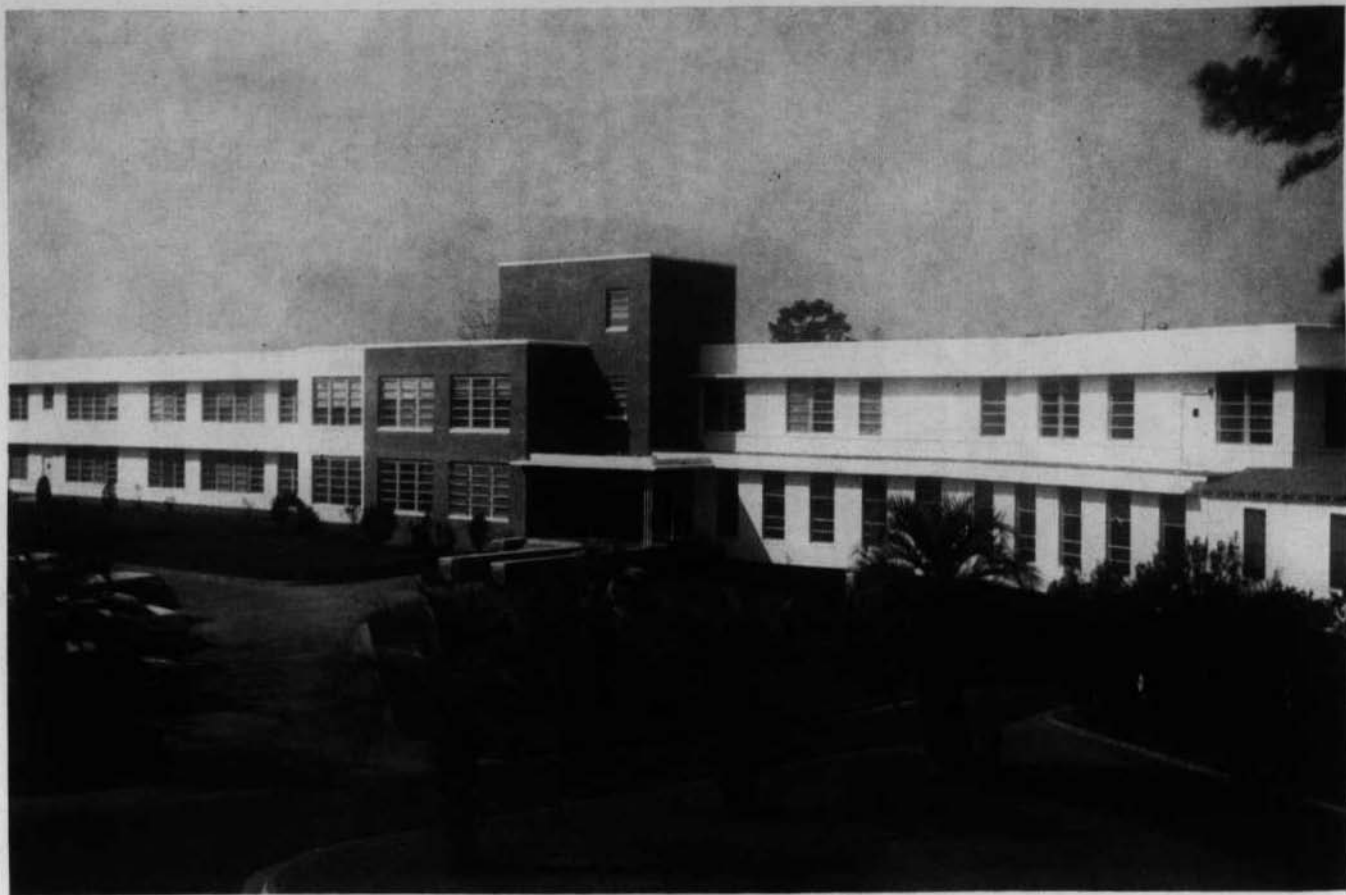
N. H. Kraeft, M.D.	Chest Surgeon
J. G. Lyerly, M.D.	Neurosurgeon
H. W. Ward, M.D.	Ophthalmologist
R. M. Webster, M.D.	Urologist
W. J. Smith, Jr., M.D.	Orthopedist
L. W. Elgin, M.D.	Ophthalmologist

* Retired

** Resigned

*** Deceased

**** Employed by State Department of Education—Division of Vocational Rehabilitation



MEDICAL-SURGICAL BUILDING

MOVEMENT OF POPULATION

We are again pleased to report a substantial reduction of 290 in the resident population of our Hospital during this 1960-62 biennium. This reduction is particularly encouraging when we consider that admissions during this period totaled 4,468, showing a slight increase over the previous biennium. At the same time, separations during this biennium totaled 4,758 and our resident population dropped from 6,396 at the beginning of this period to 6,106 at the end of the period. Detailed figures are shown in the Movement of Population Tables included with this report.

Although this decrease in population has afforded some relief in overcrowding, the resident population of this hospital is still approximately 700 above normal capacity. It is hoped that this condition may be further relieved through enlargement of our staff to provide expansion of intensive treatment programs and through more adequate and improved treatment areas to be provided under the planned program for replacement of certain old and unsuitable facilities.

The progressively increasing demand for admission of elderly patients, many of whom require long periods of hospitalization, continues to adversely affect our release rate. This trend may be expected to continue in the absence of adequate nursing home facilities at the community level. It is of interest to note that, as of June 30, 1962, 25.3% of the patients in this hospital were in the age group of 65 years or older.

METHODS OF ADMISSION AND RELEASE

Procedures governing the admission of patients have undergone no basic change during the current biennium. Patients are admitted to the hospital on Commitment by the County Courts, the Circuit Courts, the Courts of Record and Criminal Courts of Record, on Order of Certification, on Voluntary Admission, on Transfers from other State Hospitals and on Return from Trial Visit.

Although County Court commitments continue to be the principal source of admissions, the number of patients admitted on Order of Certification has increased, totaling 70 during this biennium as compared with 26 during the preceding biennium. Admission under this procedure is intended for those whose illness would appear to be relatively brief in duration and hospitalization is limited to not more than six months. If hospitalization beyond this period is needed, then regular commitment is required; however, this has been necessary in relatively few cases.

Voluntary Admissions have also continued to increase considerably, 147 patients being admitted by this method during the current biennium, as compared with only 41 during the previous biennium. As our experience with this type admission becomes more extensive, it is increasingly evident that ideally such applicants should first be seen by a physician or psychiatrist

near the patient's home. Such physician could determine whether it would be advisable for the patient to visit the hospital and seek voluntary admission and, if so, arrange an appointment at the hospital for the patient.

The voluntary admission procedure is so designed to provide hospitalization and treatment for those who, being aware of their needs for treatment, voluntarily request admission to the hospital and agree to fully cooperate with the hospital in the treatment program.

Principal types of releases are by trial visit and by competency discharge. Trial visit contemplates the release of a patient under supervision of a responsible relative who assumes care of the patient in the home during a trial period of readjustment outside the hospital. Release by competency discharge is granted when, in opinion of the hospital staff, the patient has regained competency and no longer requires hospitalization or supervision. Under this type of discharge the original certificate of competency is forwarded by the hospital to the committing Court and, in absence of protest by the State Attorney within twenty days, the patient's judicial sanity is automatically restored. Patients who have court charges pending against them may be released only on discharge and then must be returned to the court of jurisdiction. Other type releases include discharges of non-residents for purpose of transfer to their respective States of residence and discharges for transfer to Veterans Administration Hospitals when acceptable and authorized. Patients may also be transferred to other hospitals within the Division of Mental Health.

The release rate in the advanced age group is, as might be anticipated, proportionately less than in the younger age groups. This is true for several reasons. First, the mental and physical disorders of elderly patients are generally of longer duration and less subject to improvement. Many are unable to work at any gainful occupation and job opportunities for others are quite limited because of their age and work capabilities. Also, it is difficult in many cases to find interested relatives who would assume the responsibility of caring for the patient in the home.

MEDICAL STAFF

Throughout the biennium the hospital has continued to experience difficulty in maintaining an adequate medical staff. Despite constant efforts to fill vacancies, eight of the thirty-one positions carried in our budget were vacant as of June 30, 1962. Our problem in this connection is mainly ascribed to the fact that the supply of physicians and psychiatrists interested in institutional work remains about the same, while the demand for such professional people has materially increased. This increased demand may be attributed to a number of factors, including expanding needs of the military services and the veterans administration, as well as expansion of mental health programs in the various States, all of which compete vigorously for the services of qualified physicians and psychiatrists.

Even though our staff has been compelled to operate at considerably less than full strength, we have yet managed to further improve our treatment program and increase our release rate to the extent that our in-patient population has been reduced.

Fortunately the hospital continues to be favored by a visiting staff of exceptionally well qualified physicians who render valuable services through their examinations and surgical skills in their chosen specialties. These visiting specialists include a Neurosurgeon, a Thoracic Surgeon, an Urological Surgeon, an Orthopedic Surgeon and an Ophthalmologist.

Diagnostic staff meetings are held a number of times each week for the purpose of determining the diagnoses of new admissions and future treatment of their illnesses. General staff meetings are also held at least twice each week for the purpose of determining which patients are eligible for discharge.

During this biennium our staff has conducted orientation courses at intervals for Vocational Rehabilitation personnel from various areas over the State, as well as for personnel from County Health Departments. It is anticipated that these courses will be repeated from time to time for the benefit of new personnel in these programs.

All new employees must undergo thorough physical examination by the hospital's personnel physician prior to acceptance for employment and all who are engaged in food handling are re-checked periodically.

HOSPITALIZATION FACILITIES

The several divisions for hospitalization and treatment of our patients include Receiving and Intensive Treatment Facilities, Medical and Surgical Facilities, Tuberculosis Hospital Facilities, Geriatrics Facilities and Continued Treatment Facilities.

Patients coming into the hospital are customarily admitted to the Receiving and Intensive Treatment section for observation, diagnosis and such treatments as may be indicated for their particular illnesses. The Continued Treatment sections of our hospital are for those patients who do not readily respond to the various forms of intensive treatment and who require extended care and treatment over a longer period of time. Our Geriatric Buildings are for those patients who, because of advanced age and physical infirmities, require more nursing care than the average patient in the younger age groups. Those patients who have tuberculosis are cared for and treated in our Tuberculosis Hospital. Patients who require special care because of physical ailments or surgery are provided care and treatment in the Medical-Surgical section of our hospital. Located in the medical-surgical area are our Operating Rooms, Pharmacy, Clinical Laboratory, X-Ray Department, Ophthalmology Clinic and other diagnostic facilities, including Encephalograph and Electrocardiograph Equipment. Also located in this area are the departments of Psychology, Social Service and Vocational Rehabilitation Service, as well as the clinical records for all patients.

The number of patients on the tuberculosis service has continued to decline and by the end of this biennium the number of such cases had decreased to less than 200 for the first time in many years. This decline is unquestionably due to the modern drug therapy utilized in the treatment of this disease and is particularly encouraging when we consider that all cases of tuberculosis discovered in this hospital or in the other three hospitals of the Division of Mental Health are cared for and treated in our Tuberculosis hospital here. Our hospital has been fortunate in having the services of capable physicians who have specialized in this field, as well as the services of an exceptionally skilled Thoracic Surgeon. Thoracic surgery is not limited to tuberculosis cases, but is also utilized in certain cases of bronchiectasis, lung abscess, cancer of the lung and certain other respiratory diseases.

SURGERY

During the biennium under report, the Surgical Service has continued to be very active and continues to provide emergency surgery, elective surgery and specialized surgery, which latter is chiefly under the supervision of the Visiting Staff. During the biennium, there was a total of 1,460 minor operations and 466 major operations performed. In addition, there were 23 deliveries, 960 blood transfusions and 11,087 ambulatory treatments for various injuries and illnesses that were treated by the Surgical Service. A more detailed account of these procedures is included below:

OPERATIONS, MINOR, PERFORMED IN OPERATING ROOM DURING THE PERIOD OF JULY, 1960 THROUGH JUNE, 1962

Orthopedic	15
Urology	33
Gynecology	154
Neurology	2
Ophthalmology	5
General	1,188
Cystoscopies	63
Deliveries	23
Blood Transfusions	960
Ambulatory Treatments	11,087
Surgical Trays	9,556

OPERATIONS, MAJOR, PERFORMED IN OPERATING ROOM DURING THE PERIOD OF JULY, 1960 THROUGH JUNE, 1962

Orthopedic	86
Urology	34
Gynecology	49
Neurology	3
Ophthalmology	18
General	266

The Surgical Service during this period was able to increase its efficiency as a result of the acquisition of new equipment and additional space. This included nearly doubling the Emergency Room space, the addition of a Recovery Room in the Operating Room area for those patients who have undergone major surgery and the addition of a Dark Room with Developing Tank and View Box in the Operating Room area for the rapid viewing of fracture and other type films taken at the operating table. During the biennium, a well qualified and experienced resident

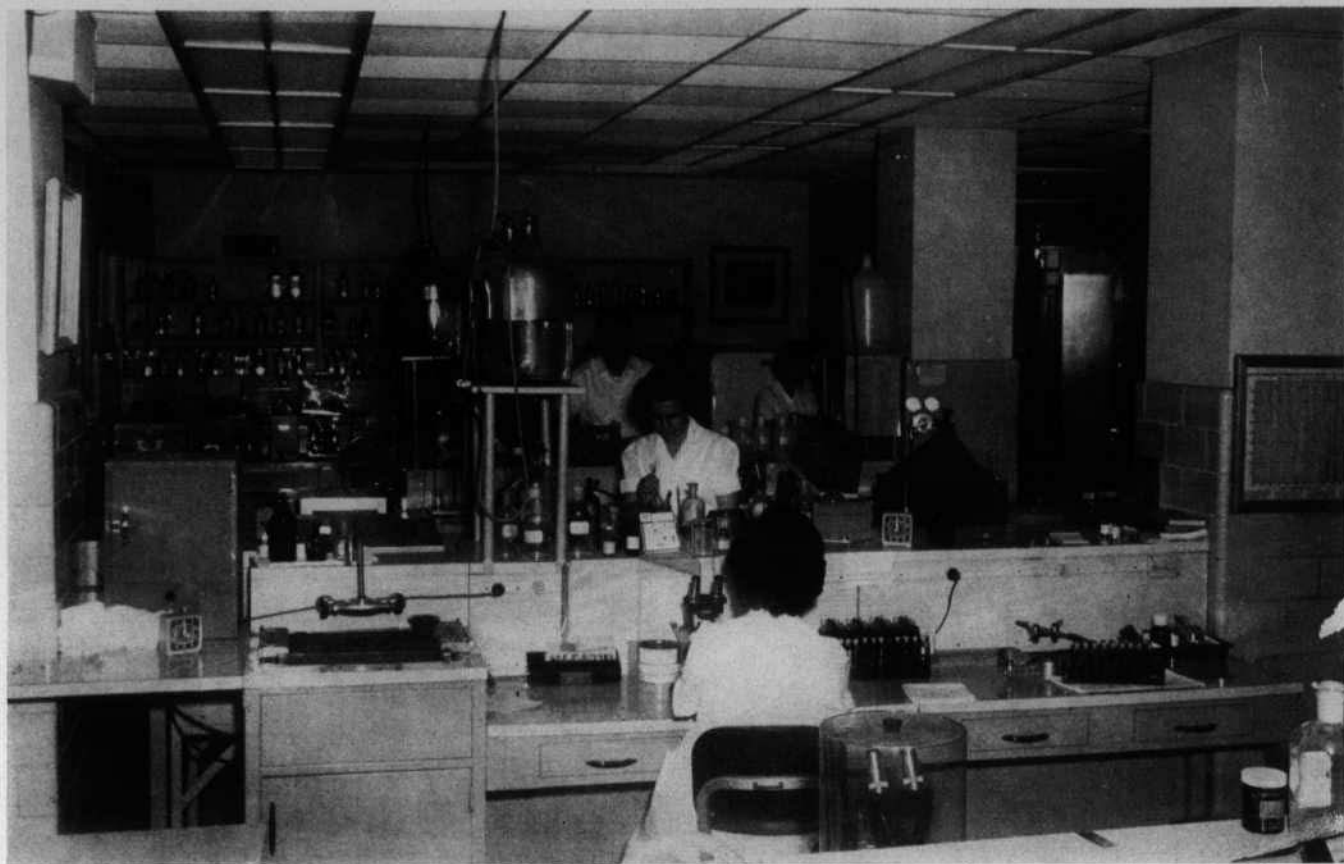
Nurse Anesthetist joined the Staff and a new anesthetic machine with supplementary equipment was purchased. In addition to the above, the most modern type dual operating room lights on ceiling tracks was obtained during the biennium and this is considered a most welcome addition by the Surgical Staff. There is on order a new electric operating table and when this is delivered, the present manual operating table will be transferred to one of the Emergency Rooms.

CLINICAL LABORATORY

During this biennium the hospital sustained a grave loss in the death of Doctor Ralph Mosteller, who had served so faithfully and so efficiently in the capacity of Pathologist and Director of our Clinical Laboratory for more than ten years. All efforts to obtain a replacement have thus far been unsuccessful; however, it is sincerely hoped that this important position can be filled in the very near future. The present laboratory staff consists of one chief medical technologist and six other medical technologists, all of whom are registered by the American Society of Clinical Pathologists, and one laboratory aide. Our School of Medical Technology, which has the approval of the American Medical Association, and which has been the principal source of supply in maintaining our staff of technologists, has continued to operate through most of the biennium. However, we will not be in position to accept new students until such time as we can afford them the benefit of instruction by a qualified pathologist.

Our laboratory is well equipped and capable of performing nearly any laboratory procedure that might be requested by the medical staff. The laboratory has maintained a high degree of accuracy in its findings and reports have been promptly furnished. A summarized report of the various type procedures performed through this department during the biennium is shown below:

Bacteriology	9,849
Urinalysis	95,601
Serology	13,232
Parasitology	6,883
Spinal Fluid	2,573
Miscellaneous	180
Hematology	51,665
Chemistry	79,651
Phlebotomies	1,178
Autopsies	98
Autopsy Slides	462
Surgicals	315
Surgical Slides	585
Totals	262,272
Average Per Year	131,136



CLINICAL LABORATORY

PHARMACY

The Hospital Pharmacy is operated under the management of an experienced Registered Pharmacist who has the responsibility for receiving and dispensing all drugs used throughout the hospital. During the two-year period under report, drugs and medical supplies valued at \$514,700 were dispensed through the pharmacy. Only products of approved drug manufacturing concerns are used, ensuring drugs of good quality and maximum benefits for our patients.

There have been no recent developments of new drugs that might tend to displace those tranquilizers which have, for some time, retained the lead in the treatment of psychiatric disorders. The utilization of drug therapy, in association with psychotherapy and other allied therapies, continues to be the treatment of choice in this hospital. The expanded use of drug therapy in the treatment of many types of mental illness has definitely played an important part toward shortening the period of hospitalization for many patients, as well as substantially increasing the release rate.

X-RAY SERVICE

During this biennium, routine chest examinations have continued to be made on all new patients admitted to the hospital and on all new employees. Other services performed by our X-Ray Department include Diagnostic X-Rays, X-Ray Therapy and periodic re-examination of all tuberculosis suspects and all inactive tuberculosis patients. The State Board of Health has also rendered valuable service to this hospital through its Chest X-Ray Survey, which is conducted each year for patients and employees.

Diagnostic X-Ray Examinations made during the biennium are summarized below:

Chests	12,449
Spines	646
Extremities	3,002
Pelves	565
Skulls	490
Abdomens	615
Gall Bladders	256
G. I. Series	794
Colons	164
Urograms	272
Total X-Rays	19,253

FUNERAL DEPARTMENT

Our Funeral Department serves this large institution in much the same way as other funeral homes serve their communities, preparing the

remains of those who pass away here for removal, or for burial in our Hospital Cemetery, if relatives do not desire removal for burial elsewhere. The Hospital also maintains a small Chapel in connection with the mortuary and the Hospital Chaplain conducts funeral services here in those cases where interment is to be made in the Hospital Cemetery. Our cemetery, located about one mile from the hospital, is well maintained and permanent markers are provided at each grave. Also, a record of the location of each grave is kept by the hospital. The Funeral Department is operated under the direction of a licensed funeral director and embalmer.

DRUG AND SHOCK THERAPY

During this biennium there have been no appreciable basic changes in the manner of treatment of psychiatric disorders at this hospital. Although Electric Shock Therapy is still utilized in selected cases of agitated depression, acutely disturbed patients and those with suicidal tendencies, this form of treatment is quite infrequent when compared with Chemotherapy. Drug Therapy continues to be a prime factor in the treatment and management of mental illnesses and has proved exceptionally valuable in rendering the patient receptive toward Psychotherapy and other related therapies included in the treatment program. Certainly the results obtained through the use of modern treatment methods have been most encouraging. At the same time, there is still much to be desired and we are hopeful that increased research leading to the development and use of new drugs for psychiatric disorders will result in the availability of still more effective forms of Chemotherapy in the near future.

PSYCHOLOGY DEPARTMENT

Developments in psychological services reflected a substantial increase in virtually every phase of activity over the preceding biennium. The number of patients referred for psychological evaluation and the number of tests administered increased more than 50 per cent. The number of hours devoted to diagnostic conferences and the number of hours given to instruction in the School of Nursing more than doubled.

In addition to the increase in test services, this Department participated in educational and informational programs for various groups with a technical interest in the Hospital. An even broader program would seem needed for the coming biennium. This will include a testing program for non-professional employee applicants as an aid in personnel selection, and also increased consultations with other services are anticipated.

During most of the past biennium the Psychology Department had three Clinical Psychologists and a departmental Secretary on its Staff. A fourth Psychologist was added during the latter part of the biennium. To meet effectually the demands for psychological services additional professional and clerical staff will be necessary. Appropriate requests for such personnel increases have been included in the next budget.

A detailed survey of the activities of this Department in the last biennium is shown in the accompanying table:

REFERRAL SOURCES

White Male	1,267
White Female	401
Colored Male	410
Colored Female	18
Total	2,096

TESTS ADMINISTERED

Rorschach	1,317
Draw-A-Person	1,057
Wechsler Intelligence	866
Word Association Test	606
Bender-Gestalt	627
Stanford-Binet	326
Sentence Completion	171
TAT	38
MMPI	577
Cornell Index	76
SRA Non Verbal	19
Miscellaneous	33
Total	5,713
Staff Conferences Attended	513 hours
Student Nurse Orientation	154 hours

SOCIAL SERVICE DEPARTMENT

The Social Service Department continues to assist patients and their families by functioning as a link between the patient, the Hospital, the family and the community. It is the responsibility of this Department to provide developmental history data on admissions to the Hospital and to present this information to the Medical Staff as part of the total treatment plan for the patients. The Social Service Department continues to complete and mail referrals to the County Health Departments for those patients leaving the Hospital on Trial Visit. This provides for follow-up of the patient by the County Health Department and eventual referral to any other indicated community resource. During this biennium, there were processed 2,541 such referrals. This program is useful in assisting patients and families and introduces patients to professional services that may be available in the home community. During the biennium this Department has also continued to process Social Security Forms required by the Social Security Administration, which often results in both the patient and the Hospital being allotted funds by the Social Security Administration. A total of 1,832 such forms were processed during the biennium. The Social Service Department also continues to assist patients and their families during hospitalization and at the time of release by personal interviews and by coordinated assistance with various health and welfare agencies in the home community. The Department, in addition, assists in the instruction of the Affiliate Nursing Program offered by this Hospital. The Department

also maintains liaison with a Representative of the Florida Council for the Blind who comes to this Hospital to assist blind patients.

The Florida State University Graduate Program in Social Work continues to use the Social Service Department and the Hospital to provide supervised field work experience for graduate students. During this biennium twelve first year graduate students and five second year graduate students received this experience here. The Social Service Department has offered a total of fifty-five placements for graduate students and nineteen of these students have prepared social work research while here at the Florida State Hospital.

The Family Care Program is utilized by the Social Service Department to place patients in homes of non-relatives. This is a limited program since very few applicants are able to satisfactorily meet our placement requirements. The placement area is restricted to a fifty mile radius of the Hospital to insure continued evaluation and close supervision of patients placed in a home by a Social Worker from the Hospital. The purpose of the Family Care Program is the eventual rehabilitation of the patient as a productive and useful citizen.

The Social Service Department is also engaged in securing social history information on resident patients. This consists in interviewing relatives who accompany patients to the Hospital and often such information is of much value to the Medical Staff. During this biennium we interviewed 2,384 relatives of 1,692 patients. Most of these were seen at the time of admission of the patient.

At the end of this biennium the Social Service Staff included three Psychiatric Social Workers, three Social Workers and four Secretaries. In addition, there is a Student Unit Supervisor and a Secretary provided by the Florida State University Graduate Program in Social Work. At the end of the biennium there were two vacancies for Psychiatric Social Workers with a commitment for one to be employed in July, 1962.

A statistical account of work performed by the Social Service Department is contained in the following table:

NUMBER OF PATIENTS RECEIVING SOCIAL SERVICE:

	1960-61	1961-62	Total for Biennium
White Men	603	651	1,254
White Women	598	693	1,291
Colored Men	140	129	269
Colored Women	86	102	188
TOTAL	1,427	1,575	3,002

**REASON FOR REFERRAL
TO SOCIAL SERVICE:**

Social History Information	782	724	1,506
To Locate History Resources	118	143	261
Health and Welfare Re Pt and Family	58	85	143
Personal Problems	155	225	380
Use of Other Resources	108	114	222
Residence Investigations	60	72	132
Release Plans	146	212	358
TOTAL	1,427	1,575	3,002

SERVICES RENDERED:

Interviews	4,686	6,067	10,753
Letters	3,872	4,068	7,940
Social Histories Rec'd by Mail	600	625	1,225
Referrals to County Health Dept.	1,211	1,330	2,541
Social Security Forms Completed	991	841	1,832
Letters Requesting Interim Info.	345	287	632
TOTAL	11,705	13,218	24,923

OCCUPATIONAL THERAPY DEPARTMENT

In the Occupational Therapy Department for the past ten years a treatment program has been carried out by utilizing individual and group activity programs, and in most cases an atmosphere conducive to recovery was established. The relationship developed around these activities seemed to provide some of the satisfaction of the basic emotional needs for security and for the need to be loved, to be accepted, and to belong. The patients are encouraged to undertake appropriate economic and social responsibilities, such as use of initiative, responsibility, proper response to authority, instruction and criticism, and acceptable relationships with co-workers.

Within the frame-work of the Occupational Therapy program a vocational evaluation process has been inaugurated. This is an endeavor to learn as much as possible about the vocational potential of a patient prior to his return to society. Work sampling and testing has been done primarily through the avenue of coordination with the Industrial Therapy program, but plans are being made for more extensive testing to be conducted in the Occupational Therapy Clinic areas.

The Volunteer Services program began at Florida State Hospital during the biennium under the auspices of the Chattahoochee Junior Woman's Club. These volunteers were carefully screened as to their capabilities for helping to meet the needs of the patients in the particular area of the Hospital in which they were to function. These areas included the Nursing Services, Occupational Therapy Clinics, Music Therapy, and Recreational Therapy. The Volunteer fills a need in the life of the patient by giving the patient a contact with society outside the Hospital.



ONE OF THE OCCUPATIONAL THERAPY AREAS

The Occupational Therapy program functions in the Tuberculosis and Receiving Hospitals, and in the Continued Treatment Areas, and also in the Park Trammell Building among the geriatric patients there.

The total number of patients participating in this program are approximately 2,000. The combined efforts of all recreational programs would reach approximately 5,000 patients a week.

INDUSTRIAL THERAPY

The Industrial Therapy program at the Florida State Hospital was inaugurated on April 1, 1961. This is a treatment program vitally concerned with the rehabilitation of patients. Actual growth and expansion of this program has progressed satisfactorily during the past fifteen months. Future growth, in the number of patients placed and expansion in the number of work areas for patients' placement, not only is anticipated, but is currently being achieved.

In this Hospital the referred patients are assigned to various job activities within the Hospital facilities under the supervision of personnel in the different departments. All such referrals are made by the patient's attending Psychiatrist. In this assignment the patient is afforded the opportunity to adjust to competitive work standards directed toward successful community living.

The Industrial Therapist is constantly engaged in pre-placement evaluation and interview, in placement and follow-up evaluation, in working with the supervisors and other personnel, and in making progress reports and records relating to the placement and adjustment of the individual patient. Close coordination between the Psychiatrist and the Industrial Therapist is carried out at all times in order that follow-up problems can be effectively solved.

VOCATIONAL REHABILITATION SERVICE

As promised in the previous Biennial Report, the Division of Vocational Rehabilitation in September, 1961 assigned a full-time counselor to the Florida State Hospital at Chattahoochee. Office space and clerical assistance was at that time furnished by the Hospital and the Rehabilitation Counselor moved to Chattahoochee in order to devote his full attention to this work. With the tremendous number of patients being admitted and discharged from this Institution, more adequate planning for their adjustment back into their local communities was considered essential.

To further augment the cooperative effort toward the total rehabilitation of the mentally ill, a series of orientation conferences were begun in January, 1961. The Division of Vocational Rehabilitation sent twelve of its professional personnel to Chattahoochee for a three day period of participation in a program of orientation. The details were worked out by the

Division Staff and the Florida State Hospital Staff. These three day conferences took place monthly for nine months and by then all of the professional staff of the Vocational Rehabilitation Division had an opportunity to participate. It is felt that mutual understanding of the problems of total rehabilitation was considerably improved by this series of work conferences.

The purpose of the counselor is to initiate Vocational Plans while the patient is still hospitalized so as to prevent delay in the released patient receiving services when he returns to his community. Numerous summary reports are made on patients who have already left the Hospital and are requesting help from the District Vocational Rehabilitation Offices in the State. In addition to the patients accepted for services, many evaluations are done to determine the work potential of the patient.

Plans are being made for a Pre-Vocational Evaluation Unit within the first year of the coming biennium. This Unit will evaluate the vocational assets and liabilities of patients who will ultimately return to the community. This evaluation will aid the counselor and patient to plan a more accurate and specific vocational goal. Expansion into a larger Pre-Vocational Evaluation Unit is anticipated during the second year of the next biennium. The Hospital will afford space and personnel and the Division will furnish necessary training of personnel and equipment for the Unit.

During the last half of the present biennium the Assistant Director of Occupational Therapy was trained as a Vocational Evaluator. The Industrial Therapist will also receive training as a Vocational Evaluator during the next biennium and such training is made possible through stipends from the Division. Also, since the counselor is serving an increasing number of patients each year, the Division anticipates adding another Vocational Rehabilitation Counselor to the Staff at Florida State Hospital during the coming biennium.

Satisfactory job adjustment back in the local community is generally recognized to have important therapeutic values for the emotionally disturbed person. The intensive planning begun during this biennium indicates progress toward more adequate services in this area.

CHAPLAINCY

The principle objective of the Hospital's religious program is to provide religious activities which bring hope, encouragement, support, and insight to the greatest possible number of patients. The position of full-time Chaplain at the Florida State Hospital was established in 1958, and was continued throughout this biennium by the Reverend John Henry Chapman. The Chaplain has tried to construct a program to meet the needs of all denominational groups. To accomplish this, a number of persons from outside the Hospital staff have been included within the program on a voluntary basis to provide specialized leadership. In the last half of the

biennium, there were twenty persons contributing leadership to the religious program on a regular basis. In addition to the Chaplain, there are two part-time ministers, a music therapist employed by the Hospital, and sixteen volunteer ministers, teachers, and musicians. The efforts of a dozen more persons were also included on an occasional basis. This affords all groups an opportunity for religious expression.

The first responsibility of the Chaplain is to supervise the total religious program. This is divided into two categories: Inter-Faith activities conducted by the Chaplain, and Denominational activities. The Inter-Faith activities include worship services, funerals, a ministry of worship and education for the deaf, Bible classes, music ministry, and special activities. Denominational activity is carried on by ordained ministers of several different faiths who donate their time and energy for the welfare of the patients. All but one of these volunteer ministers must travel ninety miles or more for each visit, and one travels one thousand miles each month to minister to the deaf patients.

A weekly religious bulletin, "The Hospital Visitor," is printed and includes announcements of all services and activities scheduled in the coming week, informative articles and reports, and devotional material. It is distributed to the religious leaders, department heads, and to about 500 patients in several departments each week. The Chaplain also regularly sends letters of condolence to the families of all patients who die at the Hospital.

The Chaplain is responsible for conducted Inter-Faith services of several kinds throughout the Hospital. On Sunday, the Chaplain ordinarily conducts four or five services in as many locations about the Hospital, teaches a Bible class, and also visits with the relatives of the patients. General worship services, communion services, and choir activities are a part of the regular schedule, and the Chaplain also meets with the various choir groups. The Chaplain attempts to see as many patients individually as time permits, and also makes arrangements for other ministers to see patients of their own denomination. The Chaplain visits all departments of the Hospital periodically, and visits all who are referred to him.

There are a number of other activities in which the Chaplain participates. He takes part in the orientation and training of student nurses, psychiatric aides, visiting groups, hospital volunteers and mental health councils. He also counsels with the families of selected patients each month. Annually, he arranges a tour of the Hospital for ministers. At Christmas, he helps to direct the Christmas Pageant, and arranges the Christmas caroling program. At Easter, special religious activities are scheduled to make that religious festival more meaningful. During the biennium, the Chaplain also planned the programs for the presentation of "Psychiatric Aide of the Year" awards.

Also during the biennium, the first dramatic play performed by patients at Christmas was produced under the leadership of the Chaplain

in 1961. This play, presented in two performances to the Hospital audience and the general public, attracted a total audience of 1,400 persons. The 1961 Christmas carolling program reached a new record as 300 carollers came from the town and surrounding communities to sing carols to the patients. A special religious program on Good Friday of 1962, participated in by a dozen outside ministers and musicians, had an audience of 500.

As the religious program has grown in recent years, it has been increasingly indebted to outside groups and individuals who offer their services and resources, or who send literature to the Hospital. This opportunity is taken to express our thanks to our many supporters and helpers, without whose aid we could not offer the comprehensive religious program which has been developed.

The following condensed summary for religious activity at the Hospital during the month of April, 1962, illustrates the size and scope of the total religious program during a thirty day period.

CATEGORY	DESCRIPTION	NUMBER OF SERVICES	ATTENDANCE
Inter-Faith Activities:			
	a. All Worship Services	25	3,261
	b. All Funerals	10	32*
	c. Worship and Education for Deaf	12	179
	d. All Bible Classes	12	738
	e. All Choir Practices	14	188
	f. Special Activity (Good Friday)	1	500
		74	4,898
Denomination Activities:			
	a. Episcopal	2	190
	b. Christian Science	1	27
	c. Jewish	1	19
	d. Catholic	1	94
	e. Seventh Day Adventist	1	30
	f. Lutheran	1	28
	g. All Denominational Funerals	3	20*
		10	408
	Grand Totals	84	5,306

(* indicates the number of relatives attending funerals)

SCHOOL OF NURSING EDUCATION

The Florida State Hospital School of Nursing Education has continued to provide courses of training in psychiatric nursing for affiliate nurses from a number of Schools of Nursing in the Southeastern States. The program offered here is accredited by the Florida State Board of Nursing and includes the Three Year Hospital program, the Junior College program and the Florida State University program. Students are accepted

according to contractual agreements with the various affiliating schools, of which there are seventeen. Five of the schools are in Florida, three in Georgia, two in Alabama, six in Mississippi and one in Louisiana.

Normally eight groups of students are accepted for enrollment each biennium and during the current biennium the student enrollment totaled 540.

The School of Nursing Staff consists of the Director of Nursing Education, three psychiatric nursing instructors and two secretaries. The School library is staffed by patients who have been selected for this experience as part of the Industrial Therapy program and who are under direct supervision of the School staff while in the Library.

In addition to the affiliate program, the School of Nursing Staff also conducts the In-Service Training Program for non-professional nursing personnel. Although this program has principally consisted of a two weeks course for new employees, it is hoped that the program may be expanded to also provide more advanced training for psychiatric aides. The School staff has continued to receive the cooperation and assistance of other professional personnel from various areas of the hospital in the teaching and training programs mentioned.

DENTAL SERVICES

This department has continued to provide complete dental services for patients in this large hospital. Personnel consists of a chief dentist, assistant chief dentist, six dental interns, six dental assistants, four laboratory technicians, one clerk-receptionist, one stock clerk and one maid.

In addition to directing the dental program of this hospital, the chief dentist also has supervision over the dental internship program serving other institutions in the Division of Mental Health, the Division of Corrections, Division of Child Training and Division of Sunland Training Centers. Doctor Frank T. Scott and Doctor Jack Whitman have made regular visits to our Dental Infirmary at Chattahoochee for the purpose of lecturing and giving clinical demonstrations to interns from the various institutions and have further aided the program by bringing numerous other dentists for lectures on the various phases of dentistry. Contributions to the program by these visiting clinicians have been most beneficial, providing more complete training for the interns and better service to our patients.

Certain improvements during the biennium include installation of air conditioners in the reception room and waiting rooms; purchase of a portable aspirator and portable hi-speed air-rotor for surgery room; purchase of one ultra-sonic cleaner, one hydraulic press, one diagnostic pulp-tester set, one Baldor two-speed lathe, one Fyjia tape recorder, one emergency oxygen unit and a parallelometer surveyor. An additional instrument cabinet and additional shelving were also installed. The program has further

benefited through purchase of additional dental books and the use of recording tapes for lectures on important changes in the science of dentistry. Audio equipment and a collection of records are provided for the enjoyment and relaxation of patients.

Summarized below are the various types of dental services performed during the biennium under report:

Examinations	20,675
Oral Surgery	2,751
General Anesthetics	15
Oral Prophylaxis	1,765
Root Canal Fillings	23
Study Models	804
Denture Adjustments	3,321
Fixed Bridges	278
Bridge Repairs	73
Amalgam Fillings	5,887
Porcelain Fillings	827
Gold Foil Fillings	172
Hospital and Ward Visits	1,230
Extractions	5,768
Treatments	16,184
Fracture Cases	2
Periodontal Treatments	453
Dentures Relined	129
Dentures—Full and Partial	980
Denture Repairs	655
Crowns and Jackets	143
Gold Inlays	34
FM X-Rays	547
Bite Wing and Single X-Rays	9,793
Occlus. and Lat. Jaw X-Rays	586

PERSONNEL DEPARTMENT

Near the end of this biennium a central personnel office was established for the purpose of interviewing and screening applicants for employment.

Under this program all non-professional applicants are interviewed by the personnel officer and applications accepted from those who meet preliminary eligibility requirements. The personnel officer also handles the necessary investigative work to determine whether applicant may be acceptable for employment. Prior to final acceptance all applicants are fingerprinted in this office and must also satisfactorily pass the required physical examination conducted by the hospital's personnel physician. It is further planned that applicants be required to successfully complete an aptitude test, to be administered by our psychology department, and arrangements

are being made to institute this requirement in the early part of the coming biennium. It is felt that this program will materially benefit the hospital through better evaluation and selection of personnel.

This department is also responsible for the preparation of all payrolls, delivery of salary warrants and the maintaining of personnel records and files.

DIETARY

It is of interest to note that raw food costs in the last year of the biennium were appreciably less than for the first year. During the first year such raw food costs amounted to \$1,852,961. During the last year such costs totaled \$1,623,126 and this amount was further reduced to \$1,550,789 after crediting amounts collected from sale of meals to employees during this year, when free meals to employees were discontinued. Thus the total net reduction in raw food costs amounted to \$302,172. Approximately \$50,000 of this reduction can be attributed to a 3% drop in patient population, with the remainder of the reduction resulting primarily from the discontinuance of free meals to personnel.

The hospital continues to operate six major food service centers preparing and serving meals in the various dining rooms and distributing prepared food to those areas where patients are unable to go to the dining room for their meals. Some 15,000,000 meals were prepared and served from these food service centers during the biennium under report. Food service centers and the areas they serve are listed below:

GENERAL KITCHEN: Serves the continued treatment section of our hospital; operates bakery, producing loaf bread for entire hospital and Apalachee Correctional Institution at costs far below market; provides general cold storage rooms for perishable items and operates meat market which fabricates meats for use in all our kitchens. This department is operated under the management of a chief steward with many years experience.

GRAY KITCHEN: Serves the receiving and intensive treatment sections of the hospital. Management is under chief steward, with an experienced assistant steward in immediate supervision.

DIET KITCHEN: Serves the medical-surgical section of the hospital; produces many special diets. Is under management of an ADA dietitian.

PARK TRAMMELL KITCHEN: Serves geriatric patients in Park Trammell Infirmary. Is under management of the Dietitian, with an experienced assistant in direct supervision.

TB HOSPITAL KITCHEN: Serves the tuberculosis sections of the hospital. Is under management of the Dietitian, with an experienced assistant in direct supervision.

AMOS INFIRMARY KITCHEN: Serves geriatric patients in Amos Infirmary. Management is under a steward with many years experience.

CONSTRUCTION DEPARTMENT

This department is responsible for the general repair and upkeep of all buildings, furniture, fencing and walkways, as well as construction of small additions and improvement of existing facilities. Occasional major projects involving complete renovation and remodeling of old structures of large areas are also accomplished by this department. Notable among major repairs and improvements during the biennium are the following projects:

Completely renovated center section of continued treatment building #37 for colored men patients, involving some 27,000 square feet of floor area, replacing old wood interiors with concrete-steel construction, replacing roof, enclosing porches, installing new windows, constructing new bathrooms with approximately 2,500 square feet floor area, installing composition tile on floor areas in ward sections; completed major repairs on residence #107 and completely rebuilt residence #178; completed new residence for superintendent; rebuilt toilet facilities and new phone booth in white men's recreational yard; built transformer vault near residence #178; completed major repairs and remodeling of apartment #228; constructed boiler room at laundry; constructed small building to house dial phone equipment; built new boiler room at carpenter shop; refloored residence #255; replaced wood flooring in women's ward building #16 with reinforced concrete; installed 3,000 square feet of floor tile in men's dormitory building #205; insulated around 4,500 square feet floor area under laboratory section of building #238; installed new asphalt roof on west half of carpenter shop building #77; reroofed residence #117; built new corridor between white men's ward buildings #50 and #53; remodeled interior building #9, white men's dining rooms, resurfacing floor with terrazo, replacing old metal ceiling with celotex tile, installing new windows, new counters, shelving, dishwashing room and new roof; replaced 244 old windows in TB hospital with new awning type windows and detention screens; built covered walkway between colored men's ward building #37 and dining room; replaced 24 old windows in medical-surgical building #243 and 42 old windows in white women's ward building #12 with new awning type windows and detention screens; built new room and pantry addition to residence #253; converted first floor of superintendent's old residence into administrative offices for the hospital and Division of Mental Health.

The above list does not include the hundreds of smaller repair projects accomplished from day to day. Also, our carpenter shop produces many furniture and cabinet items, doors, windows, lockers, wardrobes, cabinets, shelving, chairs, desks, tables, etc., as well as repairs these items. A paint crew is employed full time in the painting of the many buildings and various items of furniture and fixtures. The sheet metal shop performs such metal work as is required in normal repairs and remodeling of buildings by our forces.

The Mop and Broom Shop operated in this department produced 17,218 mops and 8,565 brooms during the biennium.

A new ward building for white men patients, constructed under contract, was completed during this biennium. This new building, with capacity of 328 beds, replaces certain old ward sections and is the first such building to be provided under the replacement program.

ENGINEERING DEPARTMENT

This department is charged with the operation and maintenance of all plant utilities serving the entire institution. Such utilities include a central power plant which generates steam and electricity, a water pumping station and filtering plant and their related distribution systems supplying steam, electricity and water to all hospital departments. The department also maintains plumbing and electrical systems, communications, refrigeration and other mechanical and electrical equipment throughout the hospital. Our ice plant, which furnishes ice to the various dietary areas and other hospital areas, is also operated in this department.

Production records for the biennium show the following figures: Steam, 1,035,366,900 lbs.; electricity, 25,649,390 KW hours; water, 1,541,974,000 gallons; ice, 3,545 tons.

This department has also coordinated its work with that of the construction department, installing plumbing and electrical systems in those projects listed under the construction department's report.

FIRE DEPARTMENT

Adequate fire protection is of extreme importance in an institution of this type, where a number of the buildings are quite old and interior construction is of wood.

Our fire department, operated under the supervision of a well trained fire chief, has the responsibility of fire prevention as well as the extinguishing of any fires which may occur. The department regularly inspects and maintains all extinguishing apparatus within the buildings, as well as the fire fighting equipment of the fire department itself. Also, an up-to-date training program for regular firemen and volunteers is maintained and the fire chief participates in in-service classes of other employees, instructing them in fire prevention.

During the biennium fire losses totaled \$2,749.72, the greater portion resulting from a fire in one of our linen rooms and two dietary storerooms.

HORTICULTURE AND GROUND MAINTENANCE

This department, operated under supervision of a well trained horticulturist, has responsibility for the general upkeep and beautification of our hospital grounds. Work includes the mowing of extensive lawned areas, planting and tending of shrubbery and flowers, care of trees and such landscaping as is needed from time to time.

SANITATION DEPARTMENT

This department has the responsibility of maintaining good sanitary conditions throughout the hospital. The various activities involved in this

program are under the direct supervision of a registered sanitarian who is also licensed in pest control.

All buildings housing patients and all food service areas are thoroughly inspected monthly and graded in accordance with conditions found. Corrective measures are taken where indicated.

Trained pest control operators service all buildings for the control of insects and rodents. Insecticides, such as residual, contact and space sprays, are compounded by the department at considerable savings to the hospital.

The department operates two trucks assigned to the collecting of refuse from all areas of the institution. These trucks handle some 4,000 loads of trash each year.

This department also operates our sewage disposal plant, through which some 2,000,000 gallons of sewage pass each day. This plant, which is an activated sludge type with separate primary and secondary digestors, does a very efficient job, delivering a clear and exceptionally low BOD effluent.

Kitchen swill is picked up twice daily from the food service departments and delivered to the swill processing plant, where it is processed at high temperature for delivery to the hog farm operated by Apalachee Correctional Institution. The plant is equipped for sanitizing of swill containers, as recommended by the State Livestock Sanitary Board.

LAUNDRY

During this biennium our laundry has processed a total of 13,737,230 pounds of various bedding and linen items at an average cost of \$.0259 per pound.

New equipment purchased during biennium consisted of one flat work ironer, one folder, and one shirt unit.

SEWING ROOM

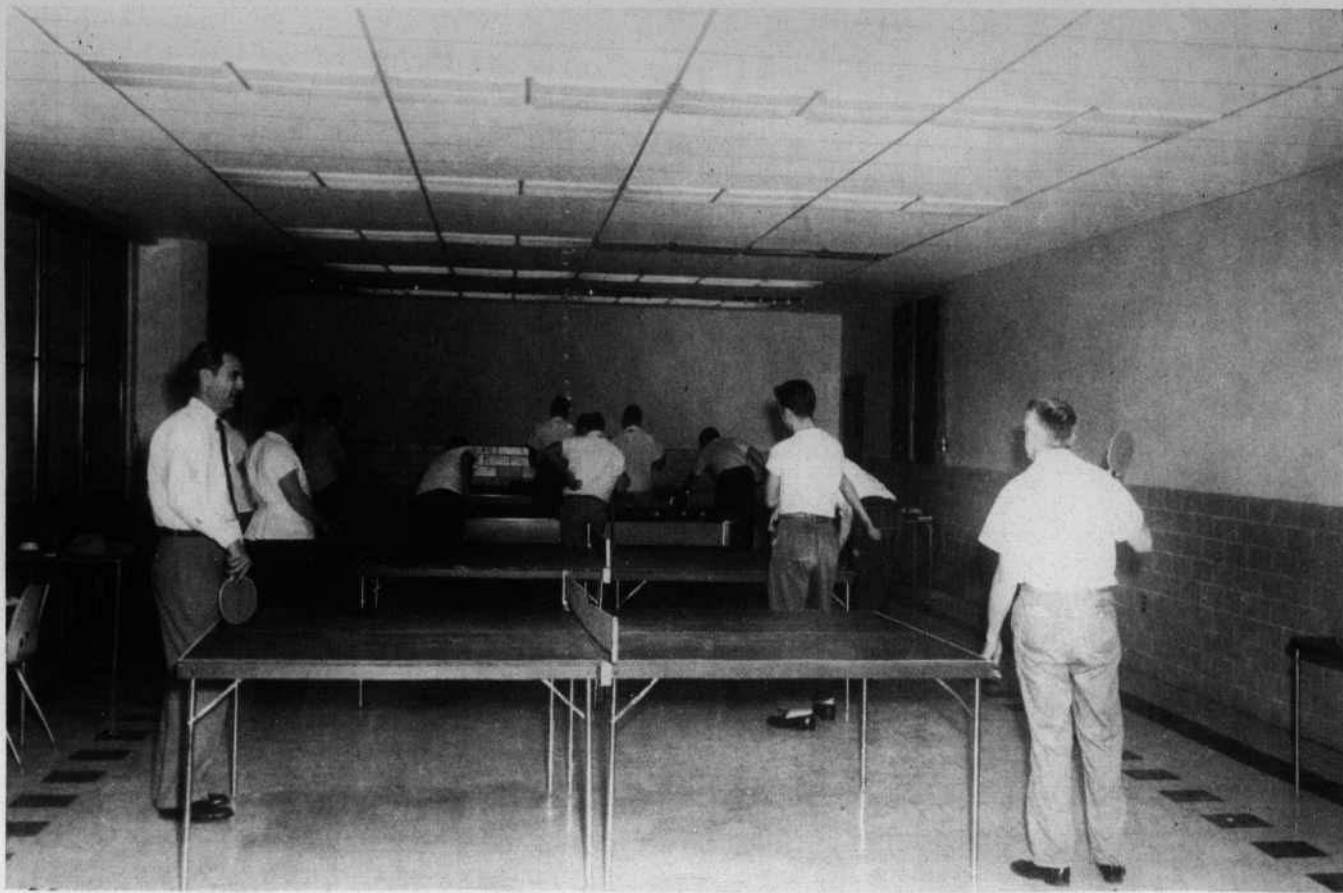
Production Report For Biennium

	Quantity	Amount	Total
Clothing Manufactured:			
Dresses	25,592	\$51,432.15	
Chemise	22,537	24,077.20	
Gowns	21,699	32,576.84	
Other	13,115	13,503.63	
			\$121,589.82
Bed Linens Manufactured:			
Sheets:	9,986	14,155.86	
Pillow Cases	17,522	7,583.06	
			21,738.92
Other Linens Manufactured:			
Towels, Hand	24,649	4,268.61	
Miscellaneous Items	4,614	6,293.22	
			10,561.83
TOTAL PRODUCTION			\$153,890.57

MATTRESS FACTORY

Production Report For Biennium

	Quantity	Amount	Total
Bedding & Linen Items:			
Mattresses, 8 oz. Cotton	1,755	\$26,325.00	
Mattresses, Rubberized	383	6,319.50	
Mattress Covers, Rubberized	1,492	7,301.25	
Pillows, 8 oz. Cotton	1,138	2,276.00	
Pillows, Rubberized	263	657.50	
			\$42,879.25
Miscellaneous Items:			
Aprons, Cloth	1,773	2,279.53	
Aprons, Rubberized	254	418.68	
Camisoles	100	320.41	
Drapes	4	167.04	
Pillow Cases	2,557	1,302.60	
Sheets	4,476	7,291.81	
Tarpaulins	2	33.44	
Towels, Hand	625	140.01	
Venetian Blinds	3	17.61	
Other Items	382	1,227.63	
Upholstering, Repair Venetian Blinds, Etc.		9,946.44	
			23,145.20
TOTAL PRODUCTION			\$66,024.45



RECREATION AREA—NEW TREATMENT BUILDING

MOVEMENT OF PATIENT POPULATION

	July 1, 1960 to June 30, 1961	July 1, 1961 to June 30, 1962
ADMISSIONS:		
On New Commitment from:		
County Courts.....	1,352	1,295
Circuit and Criminal Courts and Court of Record....	79	125
Certifications.....	41	30
Voluntary Admissions.....	61	86
Readmitted on Former Commitment.....	11	14
Returned from Trial Visit.....	616	620
Returned from Escape.....	31	35
Transferred from other Divisional Hospitals.....	10	13
Admitted while on Trial Visit from other Div. Hosp....	1	4
Transferred from Non-Divisional State Institutions.....	1	3
Recommitted while on Trial Visit.....	1	3
Babies Born.....	12	12
Other.....	9	3
TOTAL ADMISSIONS.....	2,225	2,243
SEPARATIONS:		
Released on Trial Visit.....	1,344	1,388
Discharges:		
By Staff.....	209	213
For Transfer to V A Hospitals.....	28	34
For Transfer to Other States.....	38	41
For Return to Court.....	42	71
Certified Patients.....	21	27
Voluntary Patients.....	54	82
Transfers to other Divisional Hospitals.....		21
Transfers to Non-Divisional State Institutions.....	26	23
Escaped.....	53	46
Patients Died.....	497	463
Babies Sent Home.....	8	15
Other.....	9	5
TOTAL SEPARATIONS.....	2,329	2,429
Net Increase or—Decrease in Population.....	—104	—186
POPULATION BEGINNING OF PERIOD.....	6,396	6,292
POPULATION END OF PERIOD.....	6,292	6,106
AVERAGE NUMBER OF PATIENTS.....	6,384	6,187

PSYCHOSES OF ADMISSIONS

56

FLORIDA STATE HOSPITAL, CHATTAHOOCHEE

	July 1, 1960 through June 30, 1961					July 1, 1961 through June 30, 1962				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol Intoxication.....	7	3	2	.....	12	7	1	5	.....	13
Drug or Poison Intoxication (except alcohol).....		4	.....	.....	4	1	.....	.....	.....	1
All Other Conditions.....			1	3	4	1	1	.....	1	3
TOTAL ACUTE BRAIN SYNDROMES.....	7	7	3	3	20	9	2	5	1	17
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Diseases and Conditions due to Prenatal Influence.....		1	.....	.....	1	1	.....	1	.....	2
Meningoencephalitic Syphilis.....	4	.....	7	8	19	1	1	9	2	13
Other CNS Syphilis.....	1	1	.....	.....	2	.....	.....	.....	.....	2
Epidemic Encephalitis.....		1	.....	.....	1	.....	1	1	.....	2
Other Intracranial Infections.....	1	.....	.....	.....	1	.....	1	.....	.....	1
Alcohol Intoxication.....	13	2	3	1	19	22	6	5	.....	33
Drug or Poison Intoxication (except alcohol).....	1	.....	.....	.....	1	2	.....	.....	.....	2
Birth Trauma.....	3	1	.....	.....	4	1	.....	2	.....	3
Other Trauma.....	9	1	2	.....	12	17	2	2	.....	21
Cerebral Arteriosclerosis.....	104	52	22	15	193	108	96	35	17	256
Other Circulatory Disturbance.....	6	7	5	3	21	8	7	4	4	23
Convulsive Disorder.....	13	21	7	2	43	10	13	8	2	33
Senile Brain Disease.....	75	73	4	8	160	20	29	5	.....	54
Other Disturbance of Metabolism, Growth & Nutrition.....	1	4	.....	2	7	2	5	1	.....	8
Intracranial Neoplasm.....	1	2	.....	.....	3	1	.....	.....	.....	1
Diseases of Unknown and Uncertain Cause.....	3	3	.....	2	8	1	.....	.....	1	2
Chronic Brain Syndromes of Unknown Cause.....	1	.....	.....	.....	1	1	1	1	.....	3
TOTAL CHRONIC BRAIN SYNDROMES.....	236	169	50	41	496	195	162	74	26	457
PSYCHOTIC DISORDERS:										
Involuntional Psychotic Reaction.....	14	49	1	3	67	14	47	1	2	64
Manic Depressive Reactions.....	12	46	3	6	67	13	28	1	5	47

PSYCHOSES OF ADMISSIONS — Continued

FLORIDA STATE HOSPITAL, CHATTAHOOCHEE

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	July 1, 1960 through June 30, 1961					July 1, 1961 through June 30, 1962				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Psychotic Depressive Reaction.....		22		4	26	1	13	1	2	17
Schizophrenic Reactions.....	168	220	57	51	496	234	237	86	74	631
Paranoid Reactions.....							2			2
Other.....		1			1					
TOTAL PSYCHOTIC DISORDERS.....	194	338	61	64	657	262	327	89	83	761
PSYCHOPHYSIOLOGIC, AUTONOMIC, & VISCERAL DISORDERS.....	1				1	2			1	3
PSYCHONEUROTIC REACTIONS.....	28	45			73	13	45			58
Personality Pattern Disturbance.....	4	2		1	7	4	1			5
Personality Trait Disturbance.....	4	7	2		13	3	6			9
Antisocial Reaction.....	12	5		1	18	23	15			38
Dyssocial Reaction.....		1	1		2		1	4		5
Sexual Deviation.....	16	2	1		19	29		2		31
Alcoholism (addiction).....	57	24		3	84	83	24			107
Drug Addiction.....	1	7	1		9	2	4			6
TOTAL PERSONALITY DISORDERS.....	123	93	5	5	226	159	96	6	1	262
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	2	1			3		3			3
MENTAL DEFICIENCY.....	30	21	18	8	77	18	23	22	5	68
MENTAL DISORDER UNDIAGNOSED.....	1	7	38	39	85		5			5
WITHOUT MENTAL DISORDER.....	1				1	2				2
GRAND TOTAL.....	594	636	175	160	1,565	645	618	196	116	1,575

ADMISSIONS BY COUNTIES

	July 1, 1960 through June 30, 1961					July 1, 1961 through June 30, 1962				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Alachua.....	4	6	3	6	19	7	10	3	1	21
Baker.....	1	1	1	1	4					
Bay.....	18	12	4	6	40	40	29	3	1	73
Bradford.....	4	5	1		10	4	1	2		7
Brevard.....	14	25	2		41	14	30	4	3	51
Broward.....						2		1	1	4
Calhoun.....	8	4		1	13	6	7	2		15
Charlotte.....	1				1					
Citrus.....	6	5	1	2	14	3	6		2	11
Clay.....	1				1	3	2			5
Columbia.....	7	6	3	2	18	3	1	2	2	8
Dade.....	1				1	2				2
DeSoto.....		1	4		5	2				2
Dixie.....				1	1					
Duval.....	14	9	8		31	16	13	8	1	38
Escambia.....	66	64	13	22	165	50	68	13	17	148
Flagler.....	1	1			2	1				1
Franklin.....	4	8		1	13	10	8	1	1	20
Gadsden.....	20	12	14	2	48	14	13	6	6	39
Gilchrist.....	2				2	1	1			2
Gulf.....	4	1	1	1	7	3	4	1	1	9
Hamilton.....	1	7	1		9	1	3	1	1	6
Hardee.....				1	1	2		1		3
Hernando.....	4	2	1	1	8	6	5	1	1	13
Highlands.....	1		5	2	8	4	1			5
Hillsborough.....	60	41	13	16	130	56	40	27	8	131
Holmes.....	11	16	2		29	7	11			18
Indian River.....	5	9	2	5	21	11	6	4		21
Jackson.....	27	22	6	8	63	32	20	10	7	69
Jefferson.....	2	4	2	5	13	1	3	3	1	8
Lafayette.....	2	2			4	1	2		1	4
Lake.....	9	26	3	2	40	11	15	2	1	29
Lee.....	2		2	2	6	1	1		2	4
Leon.....	34	25	11	18	88	32	35	14	19	100
Levy.....	2	3		3	8	2	1	1		4
Liberty.....	4	4		1	9	4	2			6
Madison.....	12	5	3	3	23	8	7	4	4	23
Manatee.....	10	12	2	2	26	10	10	2	3	25
Marion.....	8	20	3	5	36	8	14	1	3	26
Martin.....						1				1
Monroe.....									1	1
Nassau.....	5	4		2	11	1		1		2
Okaloosa.....	28	18	1	3	50	18	16	3		37
Okeechobee.....						1	1	1		3
Orange.....	21	47	6	4	78	36	41	9	2	88
Osceola.....	3		2	1	6	1	3	2		6
Palm Beach.....		1	1		2	3		2		5
Pasco.....	6	8	1		15	4	3			7

ADMISSIONS BY COUNTIES — Continued

	July 1, 1960 through June 30, 1961					July 1, 1961 through June 30, 1962				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Pinellas.....	29	76	6	8	119	46	62	12	4	124
Polk.....	11	14	17	5	47	8	7	7	3	25
Putnam.....	10	14		5	29	13	10	5	1	29
Santa Rosa..	2	8	1		11	11	13	2	1	27
Sarasota.....	10	7	3	4	24	12	8	4	2	26
Seminole.....	4	7	2	4	17	5	11	3	4	23
St. Johns.....	3	10	5		18	8	6	4	2	20
St. Lucie.....	2				2	1				1
Sumter.....	6	4	1		11	3	2	1	1	7
Suwannee.....	7	3	2		12	8	4	1	2	15
Taylor.....	10	6	1		17	14	15	4	2	35
Union.....	13		9		22	16	1	11	1	29
Volusia.....	19	27	1	3	50	17	28	5	2	52
Wakulla.....	2		2		4	3	2	2		7
Walton.....	16	13	2	1	32	25	8		1	34
Washington..	17	11	1	1	30	12	8			20
TOTAL.....	594	636	175	160	1,565	645	618	196	116	1,575

DEATH RATE AT THE FLORIDA STATE HOSPITAL
OVER A PERIOD OF FOURTEEN YEARS

Fiscal Year	Patients Treated During Year	Deaths During Year	Death Rate per 1,000 Patients
1961-1962.....	8,535	463	54.2
1960-1961.....	8,621	498	58.2
1959-1960.....	8,768	486	55.4
1958-1959.....	8,998	413	45.9
1957-1958.....	9,347	512	54.7
1956-1957.....	8,804	445	50.5
1955-1956.....	8,877	452	51.0
1954-1955.....	8,569	445	52.0
1953-1954.....	8,321	348	41.8
1952-1953.....	7,905	379	47.9
1951-1952.....	7,649	393	51.3
1950-1951.....	7,318	335	45.7
1949-1950.....	7,035	391	55.5
1948-1949.....	6,449	348	53.9



G. PIERCE WOOD MEMORIAL HOSPITAL
ARCADIA

C. H. Adair, M.D.
Superintendent

DEPARTMENT HEADS AND MEDICAL STAFF

F. E. Daves, M.D.*	Superintendent
C. H. Adair, M.D.	Superintendent
Louis F. Verdel, M.D.	Clinical Director
A. P. Holloman	Administrative Assistant
J. A. Fernandez, M.D.	Psychiatrist
V. J. Frallicciardi, M.D.	Psychiatrist
R. G. Kibbey, M.D.	Psychiatrist
R. A. Lopez, M.D.	Psychiatrist
J. M. Metry, M.D.	Psychiatrist
V. H. Simecek, M.D.**	Psychiatrist
A. D. Migliore, M.D.	Physician-Surgeon
D. D. Ansill, D.D.S.	Dentist
T. T. Brzozwski, D.D.S.**	Dentist
J. W. Duff, D.D.S.**	Dentist
P. R. Sidlo, D.D.S.**	Dentist
Janet B. Gammage**	Secretary to the Superintendent
Isabelle Permenter	Secretary to the Superintendent
Marshall T. Whidden	Business Manager
D. M. Reed	Accountant
W. E. Rushing	Paymaster
Florida P. Trump	Cashier
J. J. Martin	Chaplain
T. R. Doras	Psychologist
B. F. Fleetwood	Director, Social Service
B. V. Smith	Personnel Manager
Kathryn M. Edwards, R.N.	Operating Room Supervisor
Elizabeth S. Allgood, R.N.	Chief Nurse, Medical and Surgical
Elizabeth W. Mahone, R.N.	Chief Nurse, Dorr Infirmary
L. A. Edmonds, R.N.	Supervisor, Male Receiving
O. E. Harden	Supervisor, Men's Continued Treatment
Vivian Hagan, R.N.	Supervisor, Men's Geriatric Service
Jean A. Wood, R.N.	Supervisor, Intensive Treatment
Mary J. Hill, R.N.	Supervisor, Women's Continued Treatment, Carlstrom Division
Alvie Spearman	Supervisor, Women's Continued Treatment, Dorr Division
R. E. Lopez, R.N.	Supervisor, Women's Geriatric Service
John A. Walters	Steward
C. W. Edwards	Commissary Manager
R. W. Thomas	Maintenance Engineer
W. R. Smith	Laundry Supervisor
A. A. Perez	Medical and X-Ray Technician
T. P. Janer, Jr.	Pharmacist
Nell Bolling**	Recreational Director
Vada Pence	Recreational Director
R. L. Wilmont****	Vocational Rehabilitation

* Retired

** Resigned

**** Employed by State Department of Education—Division of Vocational Rehabilitation



MEDICAL-SURGICAL BUILDING

GENERAL INFORMATION

The G. Pierce Wood Memorial Hospital is located in DeSoto County near Arcadia. It has two divisions—Dorr, located on state highway No. 70, 13 miles east of Arcadia, and Carlstrom, located on state highway No. 31, 7 miles southeast of Arcadia. The two divisions are 16 miles apart. The land and original installations at these sites were formerly the property of the U.S. Government, and were used as Air Force training bases. These properties were acquired by the State of Florida in 1946, and conversion of buildings for use in the care and treatment of patients was completed in 1947. This hospital operated as a branch of the Florida State Hospital, Chattahoochee, from the date of establishment until July 1, 1957. The 1957 Legislature authorized the establishment of the hospital as a separate institution under the Division of Mental Health.

In August of 1961, we opened a new three story, 165 bed, Medical-Surgical Building at the Carlstrom Division. Space is provided in the building for our business office and the Administrative staff responsible for both divisions of the hospital. Along with other medical facilities, the building is equipped with modern operating rooms, X-Ray Department, Laboratory, Electroencephalogram and Emergency Room facilities. At the end of the biennium, the building was in complete operation with only a few beds left vacant for acute medical and surgical cases.

At the end of the biennium, the Carlstrom Division had a bed capacity of 1346 and Dorr Division had a capacity of 687 beds. All the patients at the Dorr Division are female and most of them are long term treatment cases. All new patients are admitted to the Carlstrom Division where the majority of the active and intensive treatment facilities and personnel are located. The Administrative offices, Surgical facilities, maintenance shops, laundry and other principle services are also located at Carlstrom. Proper administration and supervision of the Dorr Division is somewhat difficult due to the distance between the two divisions.

Planning money was appropriated by the 1959 Legislature for preliminary plans to provide facilities at the Carlstrom Division for the transfer of patients now at the Dorr Division and thus release facilities at Dorr to the Division of Corrections for use as prison facilities. A request for capital outlay funds to make this change was included in our 1961-63 legislative budget but the necessary funds were not appropriated by the legislature. The consolidation of the two divisions is still considered a necessity for a more efficient operation and to provide a better treatment program for our patients. If we are to continue operation of a hospital at Dorr, our professional staff and other personnel should be increased and considerable expenditures made for much needed maintenance work. New construction would also be needed to provide even minimal standards for a hospital with nearly 700 patients.

MOVEMENT OF PATIENT POPULATION

On July 1, 1960, the patient population was 1,663. On June 30, 1962, the patients total was 1,805; a gain of 142 for the biennium.

During the first year of the biennium, we admitted 790 patients and during the second year 930; a total of 1,720 for the two years. These figures include admissions in every category; court commitments, returns from trial visit, transfers from other institutions, admissions on order of certification, voluntary admissions and returns from escape.

Separations totaled 741 the first year and 837 the second year, or a total of 1,578 for the biennium. This total includes releases on trial visit and other types of separations as detailed in movement of population tables presented elsewhere in this report.

MEDICAL DIVISION OF HOSPITAL

During the biennium the number of positions for the medical staff, including the Superintendent, increased from eight to twelve. However at the end of the biennium four of these positions were vacant.

All types of modern psychiatric treatment are given at this hospital. This includes drug therapy, electro-convulsive therapy, individual and group psycho-therapy, remotivation, and other allied activities therapy. Approximately 61% of our patients receive tranquilizing drugs. We have 100 patients in the White Female Department and about 100 in the White Male Department who are classified as undergoing intensive psychiatric treatment. With these patients we have a milieu type of psycho-therapeutic regime which includes what is classified as the "team approach." A number of Social Workers, a Psychologist, and a Vocational Rehabilitation Counselor were added to our staff during the biennium and these allied disciplines have played an important part in the overall treatment program in these intensive areas. We feel that a great many more patients should receive this type of treatment, but additional staff will be required to achieve this purpose.

Remotivation Therapy plays an important part in the treatment regime of our entire hospital population. We have 21 aides and others trained in this technique and there were seven active groups at the close of the biennium.

Our new Medical Surgical building, with modern equipment facilities, has done much to improve our treatment of the physically ill and infirm. All our major surgery and the majority of our minor procedures are carried out in this new building. We still maintain a medical surgical unit at the Dorr Division, but most of the surgical cases are transferred to the new unit at Carlstrom. One of our new doctors has had special training in surgery.

All major surgical procedures are carried on at the Carlstrom Division. Operative procedures for the biennium were as follows:

	<i>Major</i>	<i>Minor</i>
General Surgery	21	127
Gynecology	2	10
Urology	-	9
Orthopedics	7	21
Total	30	167

Miscellaneous surgery and emergency treatments given were as follows:

Ambulatory Treatment	9,312
Blood Transfusions	85
Immunizations	4,183
Examinations (various)	601
Sterile Trays Prepared	12,896
Infra Red Therapy	58
EKG	232

There have been no serious outbreaks of contagious or infectious diseases among patients or employees during the period covered by this report. We have been able to maintain a good standard of physical health.

NURSING SERVICES

The Nursing Service of our hospital has been divided into nine services headed by Registered Nurse Supervisors. The Supervisors have the responsibility for the nursing care, as well as a good deal of the administration of their units. Each Supervisor has been responsible for the ordering of supplies from our central stores, employment, and termination of staff, along with many other administrative duties.

In the second year of the biennium we were granted a position for a Director of Nursing Services. This position was filled for only a short time however, and remains vacant at the end of the biennium. It is necessary that we fill this position in order to provide overall administration of the nursing services and coordinate procedures.

During the last part of the biennium, we started a basic training course for all new employees. This is well established now and is operated by cooperation of all the registered nurses in our hospital. There is a great need for extension of this training facility to include all our employees, many of whom have been with us for many years. We plan to request a position for a qualified nursing instructor in our next budget in order that this end may be accomplished.

There is also a need for additional highly qualified nurses to provide relief for our Director of Nursing Service and overall supervision over the 24 hour period for our two divisions. Such positions will be requested in our next budget. If these nurses are employed, the result should be a much more economical, as well as clinically efficient, nursing service.

MEDICAL LABORATORIES

Previous to the opening of our new Medical Surgical building it was necessary for us to have many laboratory procedures performed by the Department of Public Health Laboratories. A new laboratory, with the most modern equipment was installed in our new building and by the end of the biennium we were able to handle almost any type of laboratory procedure required in our hospital. This represents a vast improvement in the service to the physicians for the benefit of the patient.

We continue to operate a laboratory at the Dorr Division, which can handle most routine procedures. More difficult tests are done at the Carlstrom Division.

We have three laboratory technicians. Two of these are at the Carlstrom Division and one at the Dorr Division.

Tests performed during the biennium:

Bacteriology.....	1,790
Serology	2,310
Hematology	8,070
Chemistry	3,160
Parasitology & Urinalysis	6,840
Total	22,170

PSYCHOLOGY DEPARTMENT

We have one Clinical Psychologist on our staff and one Psychologist trained and qualified as an Industrial and Personnel Psychologist.

Our Clinical Psychologist performs a wide variety of psychological tests on referrals from our physicians. He also plays a role in clinical evaluation of the patient and in the treatment programme. He is active in group therapy under the supervision of a psychiatrist. This department at the present time is over-burdened with referrals and there is need for more clinical psychologists on our staff.

Our other Psychologist fills the role of Personnel Director. All new employees, transfers, terminations, and resignations are processed through this department. All personnel records are being centralized under this Psychologist. A considerable number of employee problems are referred to

this department for study. All new employees are assessed in detail as to aptitude, intelligence, character, etc., before employment.

X-RAY DEPARTMENT

X-Ray Departments are maintained at both divisions of our hospital. New and modern equipment was installed in our Medical Surgical building at the Carlstrom Division. The equipment previously used at Carlstrom is being transferred to the Dorr Division. During the biennium, the services of a qualified Radiologist were obtained on a one day a week basis. This professional service has done much to improve our service to the patient.

The following is a list of the work accomplished:

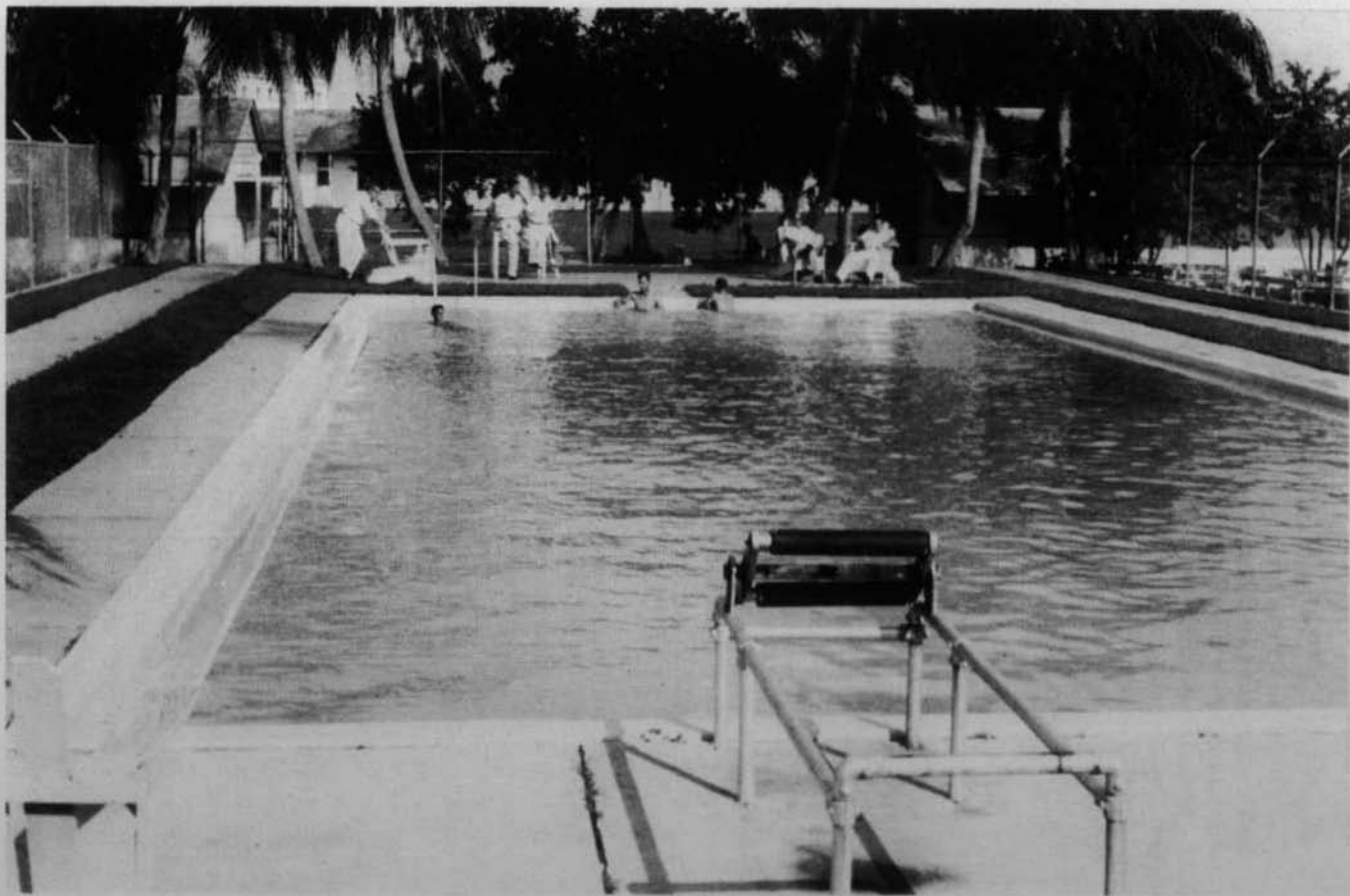
X-Rays (total)	3,691
G. I. Series	43
Gall Bladder Series	23
I. V. Pyelograms	31
Barium Enemas	38
Basal Metabolism	7

PHARMACY

The Pharmacy is responsible for the requisitioning and disbursement of all medications used in the hospital. During the biennium, a qualified Pharmacist was added to our staff. This employee has been responsible for a vast improvement in the general organization and the handling of drugs in our hospital. We have adopted the American Hospital Formulary System and organized a Pharmacy and Therapeutic Committee, consisting of Staff Physicians and our Pharmacist. These improvements have resulted in a more economical and efficient pharmacy.

DENTAL SERVICES

The Dental Department has two full time Dentists and two Dental Assistants. They are under the supervision of the Chief of Dental Services for State Institutions. One Dentist spends two days each week at the Dorr Division and visits that branch as required for emergency service. Since all admissions are at the Carlstrom Division, the majority of the dental work is done there. With this arrangement, our patient population receives adequate dental care.



POOL—PATIENTS RECREATION AREA

OCCUPATIONAL AND RECREATIONAL THERAPY

The position of Occupational Therapist II, to serve as director of occupational therapy activities, was granted for the second year of the biennium but we have been unsuccessful in attracting a suitable candidate. It is necessary that we fill this position for proper supervision and coordination of programs in the various areas. We now have two Occupational Therapy Departments and a wood working shop at Carlstrom and an Occupational Therapy Department at Dorr. The areas are small and able to accommodate only a small portion of the total patients referred. The areas that do exist, however, provide the usual wide variety of modalities in treatment.

The Recreational Department is also understaffed and inadequate to handle the needs of our hospital. The Recreational buildings at both divisions are small and, for most activities, will accommodate only about 50 patients. The total staff of four untrained aides is much too small for our two divisions. For those whom we can accommodate, however, there is a wide variety of recreational activities. During the biennium, swimming was added as a recreational activity for patients and large numbers of our patients took advantage of the swimming pool facility at Carlstrom.

There is a great need for additional personnel and new physical facilities for the Occupational and Recreational Therapy Departments.

ELECTROENCEPHALOGRAPHY

During the biennium a new Grass Eight Lead Electroencephalograph was purchased and installed in our new Medical Surgical Building. Towards the end of the biennium we employed a well qualified and experienced technician. EEG tracings are done on a referral basis. These tracings are referred to a qualified Neurologist for interpretation. All patients with a history of convulsive seizures or suspected convulsive seizures, brain trauma, or suspected new growths are seen on this service.

SOCIAL SERVICE

The 1961 Legislature allowed us four new positions in order to open a Social Service Department. We were fortunate in obtaining a qualified and experienced Social Worker as Director of the Department. He has added three other Social Workers to our staff.

A primary function of this group is the securing of information in relation to the patient's symptoms and behavior, family relationships and attitudes and previous treatment received, in order to assist the medical staff in diagnosis and treatment.

A second important service is provided in relation to release planning. Through work with the patients, relatives and community agencies, this

department is responsible for the release of many patients from the hospital. This work is done in close association with the Vocational Rehabilitation Counsellor.

Social workers in our hospital also play a part in our treatment programme and are active members of the therapeutic teams on the intensive treatment areas. Through interviews with the patients and their families, anxieties are relieved and problems are solved. The patients become better prepared for return to community life.

The addition of this service to our hospital represents a progressive change and we feel that additional social workers should be employed in the next biennium.

VOLUNTEER SERVICES

We do not have a formal volunteer services program at our hospital. However, there has been considerable activity in this respect on an informal basis. Art, music, ceramics, dance and swimming instructors have maintained a continuous volunteer service to our staff and patients throughout the biennium. The instructors came from surrounding cities—Naples, Sarasota, Fort Myers, Arcadia, etc. Volunteer groups from the surrounding areas have carried on regular programs of entertainment, card parties, square dances, band concerts, group singing, birthday parties, etc. We are presently making plans to establish a formal volunteer service program through the American Red Cross Association.

VOCATIONAL REHABILITATION

During the biennium, the Division of Vocational Rehabilitation of the State Department of Education furnished us with the services of a full time Vocational Rehabilitation Counsellor and a full time secretary. Working within our hospital, the Counsellor is able to commence his planning for Vocational Rehabilitation early, and while the patient is still in active treatment. By observation during the periods of Occupational Therapy and Industrial Therapy, the Counsellor is able to assess the patient's assets and liabilities in the work situation so as to more ably assist with rehabilitation after release from the hospital. The Counsellor attends our staff conferences and through cooperation with our physicians, nurses, psychologists, and social workers, he gains further understanding so necessary in the work of rehabilitation.

A great many of our patients, on leaving the hospital, are referred by our Counsellor to District Counsellors throughout the state and continuity of service to the patient is thereby carried into that community.

We feel that this added service to our patients is a progressive move and it is probable that further expansion of the service will be considered in the future.

CHAPLAINCY

We have a full time Chaplain, who directs all religious activities at our hospital. He divides his time between the two divisions and on Sunday conducts religious services at both Carlstrom and Dorr. Volunteer clergymen and a priest from the surrounding areas provide special services to members of their denominational groups. Through arrangements with our Chaplain, various religious groups from the town of Arcadia visit our hospital and provide religious instruction, Bible classes, entertainment and social hours for our patients.

PERSONNEL DEPARTMENT

Towards the end of the biennium we employed a Psychologist, qualified in personnel and industrial psychology, as Director of Personnel. Under this employee all personnel files and records are being centralized. All applicants are interviewed by the Director and a variety of psychological tests are utilized where indicated. Every attempt is made to place applicants in areas for which they are best qualified. All employees who are terminated, transferred or who resign from our staff, are interviewed by the Personnel Director. Any other personnel problems are referred to this department, which operates in close cooperation with our Clinical Director and the Business Office.

This well qualified employee has done much to improve the handling of personnel matters and relieved our departmental heads of considerable time consuming effort.

FOOD SERVICE

During the biennium, an average of 4,997 meals were served to our patients each day. During the first year of the biennium the total raw food cost amounted to \$464,683. During the second year of the biennium the total raw food cost amounted to \$443,943 which was further reduced to \$421,727 after credit for sale of meals to employees. Since there was an increase of 4.3% in patient population, this decrease can only be attributed to discontinuing furnishing meals to employees as a perquisite in the second year of the biennium.

We have two kitchens and two cafeterias at the Carlstrom Division and a kitchen and a dining room at the Dorr Division. The majority of our patients have their meals in the cafeteria, however, there are a number of areas where geriatric patients and medical surgical cases are served in dining rooms associated with the wards. Food is transported from the kitchens in heated carts.

One of our kitchens at the Carlstrom Division and the one at Dorr are old and deteriorated and beyond the stage of economical repair. Appropriations were provided by the Legislature for the replacement of these buildings and it is believed they will be replaced in the next biennium.

Food service is ably supervised by our Chief Steward, but we need a trained Dietician particularly to arrange the preparation of diets and food schedules.

MAINTENANCE DEPARTMENT

This department, under our Chief Engineer, is responsible for the maintenance and operation of our two hospital divisions consisting of a total of 82 major buildings.

It provides the daily living necessities for patients including light, heat, power, water, sewerage, transportation and security. It operates an ice plant with an average monthly output of 69,550 pounds of ice and a garage which keeps in operation 17 vehicles including two busses running continuous schedules between the two divisions and the town of Arcadia. It also handles disposal of all refuse which is disposed of by the land fill method. All buildings are serviced at regular intervals for the control of insects and rodents. In the case of our hospital, all these facilities must be provided in duplicate as the divisions are 16 miles apart.

Although this department deserves credit in that all essential work has been done; nevertheless, it has been impossible with our present staff to keep the facilities in a good state of maintenance.

Increased staff and expenditures are needed in this department and are being requested in our next budget.

FIRE DEPARTMENT

Our Fire Department consists of a Fire Chief and 14 volunteer firemen who are regularly employed in other departments at the hospital. The Department has regular drills and instructs other personnel at the hospital in the use of fire fighting equipment which each building has available.

During this biennium, the fire department has maintained all first aid and fire fighting equipment throughout the hospital buildings. Fire extinguishers are placed in all buildings and are recharged and tested regularly. Fire hose is readily available and all personnel are shown how to use it so as to be able to aid the volunteer firemen.

Type of fires and valuation of losses for the biennium are as follows: Heater motor, \$27; spontaneous combustion in kitchen cabinet, \$35; heater motor, \$20.

LAUNDRY

Our Laundry is located at the Carlstrom Division and it serves both divisions of the hospital. During the biennium, a total of 7,583,260 pounds of laundry were handled at this facility.

The building is an old one poorly adapted for use as a laundry and much too small to handle the volume of laundry we produce. The equipment is also old and in many respects outmoded. We are in serious need of a new laundry with new equipment, and it will be requested in our next budget.



PATIO—INTENSIVE TREATMENT BUILDING

MOVEMENT OF PATIENT POPULATION

	July 1, 1960 to June 30, 1961	July 1, 1961 to June 30, 1962
ADMISSIONS:		
On New Commitment from County Courts	471	585
Certifications	1	35
Voluntary Admissions		2
Readmitted on Former Commitment	2	1
Returned from Trial Visit	290	287
Returned from Escape	10	8
Transferred from other Divisional Hospitals		
Admitted while on Trial Visit from other Div. Hosp.	14	10
Transferred from Non-Divisional State Institutions	2	2
TOTAL ADMISSIONS	790	930
SEPARATIONS:		
Released on Trial Visit	487	568
Discharges:		
By Staff	57	64
For Transfer to V A Hospitals	3	2
For Transfer to Other States	2	3
Certified Patients	5	24
Voluntary Patients	1	2
Out of State	3	
Transfers to Other Divisional Hospitals	3	
Transfers to Non-Divisional State Institutions	1	
Escaped	14	9
Patients Died	165	165
TOTAL SEPARATIONS	741	837
Net Increase in Population	49	93
POPULATION BEGINNING OF PERIOD	1,663	1,712
POPULATION END OF PERIOD	1,712	1,805
AVERAGE NUMBER OF PATIENTS	1,685	1,758

PSYCHOSES OF ADMISSIONS

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G. PIERCE WOOD MEMORIAL HOSPITAL, ARCADIA

	July 1, 1960 through June 30, 1961			July 1, 1961 through June 30, 1962		
	WM	WF	Total	WM	WF	Total
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol Intoxication.....	6	7	13	.....	1	1
All other conditions.....	.....	.....	.....	.....	1	1
TOTAL ACUTE BRAIN SYNDROMES.....	6	7	13	.....	2	2
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Diseases and Conditions due to Prenatal Influence.....	1	.....	1	.....	.....	.....
Meningoencephalitic Syphilis.....	.....	1	1	2	.....	2
Other Intracranial Infections.....	.....	.....	.....	1	.....	1
Alcohol Intoxication.....	4	.....	4	6	6	12
Drug or Poison Intoxication (except alcohol).....	1	.....	1	.....	.....	.....
Birth Trauma.....	3	1	4	2	2	4
Other Trauma.....	2	3	5	4	4	8
Cerebral Arteriosclerosis.....	73	46	119	80	48	128
Other Circulatory Disturbance.....	5	7	12	21	6	27
Convulsive Disorder.....	1	10	11	5	16	21
Senile Brain Disease.....	1	30	31	1	23	24
Other Disturbances of Metabolism, Growth & Nutrition.....	2	3	5	.....	1	1
Intracranial Neoplasm.....	1	.....	1	.....	.....	.....
Diseases of Unknown and Uncertain Cause.....	.....	.....	.....	3	1	4
Chronic Brain Syndromes of Unknown Cause.....	1	.....	1	2	2	4
TOTAL CHRONIC BRAIN SYNDROMES.....	95	101	196	127	109	236
PSYCHOTIC DISORDERS:						
Involutional Psychotic Reaction.....	9	12	21	21	28	49
Manic Depressive Reactions.....	6	17	23	11	20	31
Psychotic Depressive Reaction.....	.....	5	5	1	3	4

PSYCHOSES OF ADMISSIONS — Continued

	July 1, 1960 through June 30, 1961			July 1, 1961 through June 30, 1962		
	WM	WF	Total	WM	WF	Total
Schizophrenic Reactions.....	41	64	105	72	101	173
Paranoid Reactions.....		3	3		1	1
Other.....	1	13	14			
TOTAL PSYCHOTIC DISORDERS.....	57	114	171	105	153	258
PSYCHOPHYSIOLOGIC, AUTONOMIC, & VISCERAL DISORDERS.....					1	1
PSYCHONEUROTIC REACTIONS.....	3	5	8	8	27	35
Personality Pattern Disturbance.....	6	1	7	4	8	12
Personality Trait Disturbance.....	3	3	6	6		6
Antisocial Reaction.....	1		1	3	1	4
Dyssocial Reaction.....		1	1	1	1	2
Sexual Deviation.....				1		1
Alcoholism (addiction).....	14	2	16	11	11	22
Drug Addiction.....	1		1	2	2	4
Special Symptom Reaction.....	2		2			
TOTAL PERSONALITY DISORDERS.....	30	12	42	36	51	87
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....		2	2	5	3	8
MENTAL DEFICIENCY.....	19	14	33	18	14	32
MENTAL DISORDER UNDIAGNOSED.....	7	7	14			
WITHOUT MENTAL DISORDER.....	3		3			
GRAND TOTAL.....	217	257	474	291	332	623

ADMISSIONS BY COUNTIES

	July 1, 1960 through June 30, 1961			July 1, 1961 through June 30, 1962		
	WM	WF	Total	WM	WF	Total
Brevard.....		1	1	3		3
Charlotte.....	7	4	11	3	10	13
Citrus.....	2	4	6	2		2
DeSoto.....	15	12	27	10	13	23
Flagler.....					1	1
Glades.....	2	1	3	2	1	3
Hardee.....	11	6	17	1	5	6
Hendry.....				1		1
Hernando.....	2		2			
Highlands.....	6	5	11	11	13	24
Hillsborough.....	62	89	151	83	116	199
Indian River.....	3		3		1	1
Lake.....		3	3	1	4	5
Lee.....	22	19	41	19	36	55
Manatee.....	8	7	15	10	10	20
Okeechobee.....	1	3	4	2	1	3
Orange.....		3	3	3	1	4
Osceola.....	3	3	6	1	1	2
Pasco.....	8	11	19	10	10	20
Pinellas.....	22	29	51	36	28	64
Polk.....	35	43	78	75	64	139
Sarasota.....	6	12	18	17	15	32
Seminole.....	1		1			
Sumter.....	1		1	1	2	3
Volusia.....		2	2			
TOTAL.....	217	257	474	291	332	623

DEATH RATE AT THE G. PIERCE WOOD
MEMORIAL HOSPITAL

Fiscal Year	Patients Treated During Year	Deaths During Year	Death Rate per 1,000 Patients Treated
1961-1962.....	2,642	165	62.5
1960-1961.....	2,453	165	67.3
1959-1960.....	2,351	137	58.3
1958-1959.....	2,285	143	62.6
1957-1958.....	2,254	168	74.5
1956-1957.....	2,268	128	56.4

SOUTH FLORIDA STATE HOSPITAL
HOLLYWOOD

R. C. Eaton, M.D.
Superintendent

DEPARTMENT HEADS AND MEDICAL STAFF

R. C. Eaton, M.D.	Superintendent
H. S. Sexsmith, M.D.**	Clinical Director
J. D. Utley, M.D.	Clinical Director
W. E. Verge	Administrative Assistant
A. I. Akomer, M.D.	Psychiatrist
J. C. Ashurst, M.D.**	Psychiatrist
A. den Breeijen, M.D.	Psychiatrist
L. M. Ferrer-Meneses, M.D.	Psychiatrist
H. S. Gregory, M.D.**	Psychiatrist
L. C. Graubard, M.D.	Psychiatrist
G. O. Hallman, M.D.	Psychiatrist
J. R. Hague, M.D.	Psychiatrist
L. O. Jackson, M.D.**	Psychiatrist
R. E. Kennedy, M.D.**	Psychiatrist
P. G. Lever, M.D.	Psychiatrist
M. J. Mayol, M.D.	Psychiatrist
C. Martinez, M.D.	Psychiatrist
F. P. Murphy, M.D.	Psychiatrist
R. H. Parks, M.D.	Psychiatrist
J. H. Resch, M.D.**	Psychiatrist
B. S. Sloan, M.D.	Psychiatrist
S. F. Sternlieb, M.D.**	Psychiatrist
J. E. Wright, M.D.	Psychiatrist
J. R. Gordon, M.D.	Surgeon
A. Friend, M.D.	Physician
R. L. Friday, D.D.S.**	Dentist
R. W. McFadden, D.D.S.	Dentist
D. R. Rinaldi, D.D.S.**	Dentist
J. M. Mullin, Jr.**	Accountant
A. J. Chesser	Accountant
M. E. Gallinant	Director of Personnel
E. M. Haizlett	Dietitian
E. A. Lynch**	Director, Social Service
D. H. Alberts	Director, Social Service
H. R. Albertson**	Chief Medical Technician
J. de Moya, M.D.	Chief Medical Technician
J. L. Hayes	Coordinator Volunteer Activities
A. B. Krul	Chief Occupational Therapy
R. A. Prettyman	Chief Recreational Therapy
R. G. Loder	Supply Clerk
M. W. Lockhart	Maintenance Superintendent
C. G. Rogers	Laundry Supervisor
K. S. Gaither	Head Housekeeper
A. M. Dahlsten	Director of Nurses
F. O. Leopold**	Industrial Therapist
G. Beekman	Industrial Therapist
J. J. Brockwell, Ph.D.	Chief Psychologist
A. R. Krall, Ph.D.	Biochemist
R. V. Zehnder**	Chaplain
L. F. Ballou	Chaplain
J. Huber****	Vocational Rehabilitation

** Resigned

**** Employed by State Department of Education—Division of Vocational Rehabilitation



ADMINISTRATION AND MEDICAL-SURGICAL BUILDING

GENERAL INFORMATION

The South Florida State Hospital is well situated in the center of population of the South East coast, at West Hollywood, in Broward County. The population of this area is rapidly increasing and the estimated population for June 30, 1962 is 1,850,000. The hospital is assigned patients from Saint Lucie, Martin, Palm Beach, Broward, Dade, Monroe, Hendry and Collier Counties.

This hospital was activated on March 1, 1957 and all wards are now filled to maximum capacity. Although the designed capacity is 1124 beds, as of June 30, 1962, the census was 1302. The complete plans for the hospital call for a third phase with an additional 300 beds. Although this was requested in the last session of the legislature, no funds were appropriated for construction. With the marked increase in population, as mentioned above, and the resulting increase in applications for admission, additional ward facilities are urgently needed. Approximately one-third of our patients are in the geriatric group and it is believed that many of these could be cared for in nursing homes.

We have continued our modified open hospital policy with emphasis on comprehensive intensive treatment and rapid return of the patients to the community. This policy is unfortunately restricted because of the necessity of providing treatment and custodial care facilities for patients with criminal charges.

There have been increases in staff in all departments, but due to the rapid increase in patient population, there has been little change in staff-patient ratio.

During the biennium 2805 patients were admitted to the institution. This includes transfers, court commitments, voluntary admissions and returns from trial visit. Of these, 1343 were admitted in the first year and 1462 in the second year. Separations from the hospital totaled 2541. Of these, 1169 were in the first year, and 1372 in the second year. This includes competency discharges, trial visits, deaths, escapes and transfers. Detailed information concerning population movement can be obtained from the charts included in this report.

PSYCHIATRIC DEPARTMENT

The Psychiatric Staff has functioned during the biennium with a minimum complement of eleven qualified psychiatrists in addition to the Superintendent, Clinical Director and other medical personnel. There are also two residents from Jackson Memorial Institute who serve a three month tour of duty as an adjunct to their basic training under the direction of Dr. John Caldwell, Professor of Psychiatry, University of Miami Medical School and Director of the Psychiatric Institute of Jackson Memorial Hospital.

The staff has placed increasing emphasis on evaluation as well as therapy from the aspect of the team approach method. Regular admission conferences are scheduled for the purpose of diagnoses and treatment formulations as well as observations from the ancillary services. This is accomplished through the medium of a round table discussion which has proved to be of an educational value to those in attendance and at the same time serves the best interest of each individual patient by encouraging therapeutic suggestions.

The primary objective is the return of the patient to the community as quickly as possible without terminating his or her link with both family and friends. Early release planning is necessitated by the ever increasing population of the eight southern counties accompanied by the growing demand for hospitalization.

The use of tranquilizing drugs as well as psychic energizers continues on a high level. In a small number of selected patients electroshock therapy is employed with a marked degree of effectiveness, often in conjunction with chemotherapy. Group psychotherapy is being used quite extensively and most effectively throughout the hospital. One very satisfying form has been that of the therapeutic community where an open area functions as an integrated community. In this setting each patient has a responsibility in planning and contributing to a constructive program under the auspices and direction of the nursing personnel and ward physician, both taking an active part in the community itself. Using one open area as a pilot study it is hoped that the therapeutic community can be expanded to include other areas throughout the hospital.

Although individual contact is the therapy of choice, its use has, by necessity, been limited to a very selective group of patients largely because of a continuous shortage of qualified personnel. As the staff becomes stabilized and vacancies are filled, it is hoped that more time will become available for more intensive individual therapy.

In May of 1962, a Follow-up Clinic was initiated to provide convalescent care for patients who are on Trial Visit and cannot afford private psychiatric care. At present, this Clinic is only in the early stages of development, but it is anticipated that we will be providing treatment services for approximately 300 patients who are living in their home communities. It is hoped that this service will markedly reduce the number of readmissions to the hospital.

MEDICAL-SURGICAL SERVICES

During the biennium, a full-time Chief of Medicine and Surgery has supervised and coordinated the Clinic, operating rooms and the medical-surgical wards. Major and minor surgery of all types has been performed in the operating area with the assistance of a trained nurse and ancillary personnel.

The Operating Room has been used as follows:

	July 1, 1960 to June 30, 1961		July 1, 1961 to June 30, 1962	
	<i>Major</i>	<i>Minor</i>	<i>Major</i>	<i>Minor</i>
Bronchoscopy	0	0	0	4
Dental	0	2	1	9
General	31	37	28	27
Ophthalmology	0	0	2	0
Orthopedic	7	5	9	1
Urology	8	27	13	61

In conjunction with the Surgical Service, a Tissues Committee was formed on October 18, 1961. After its inception, it became the responsibility of the group to review all pathological reports. One hundred twenty-nine were considered and approved. Autopsies were performed on 35.1% of deaths during the biennium.

The Clinic has functioned with the assistance of a full-time registered nurse and a qualified aide.

The following procedures have been performed in the Clinic:

	July 1, 1960 to June 30, 1961	July 1, 1961 to June 30, 1962	Total
Patients Treated	1593	1501	3094
Minor Surgery	48	58	106
Biopsies & Smears	65	77	142
Reduction of Fractures—Casts	11	13	24
Spinal Punctures	107	94	201
Tetanus & Typhoid Injections	3552	2684	6236
Pre-Employment Physicals	295	268	563

The hospital maintains a staff of consulting physicians in all specialty fields, including general surgery, orthopedics, urology, ophthalmology, otolaryngology, neurosurgery, radiology, pathology, neurology, dermatology and internal medicine.

Dr. J. Hopen, ophthalmology, Dr. A. Hollander, urology, Dr. M. Zbar, pathology, Dr. B. Alpert, electroencephalography, Dr. A. Galluccio, radiology and Dr. P. Scheinberg, neurology, all come on a regular scheduled basis. The specialists in the other fields are called in as the need arises. Except for thoracic and neurosurgery, all other surgery is performed at the hospital.

TRAINING AND EDUCATION

Since its formation in the fall of 1961, the major purpose of the Training and Education Committee has been to extend and develop in-service training for nurses and aides, offer seminars in psychodynamics to the clinical staff, and hold diagnostic teaching conferences. With this in mind, case

seminars have been conducted by-weekly by Doctor Jose Gurri, Assistant Professor, University of Miami School of Medicine, and Supervising Psychiatrist, Psychiatric Institute of Jackson Memorial Hospital. Also, regular neurological and pathological conferences are held both for training, treatment and diagnostic purposes.

Student nurses from Palm Beach Junior College, Barry College and both graduate and under-graduate nursing students from University of Miami spend part of their psychiatric affiliation at this hospital.

Films illustrating the application of clinical procedures as well as the use of psychotropic drugs were presented to the entire staff. Outstanding specialists in psychiatry and allied fields have addressed the group and roundtable discussion followed these meetings.

Residents from the Psychiatric Institute of Jackson Memorial Hospital have continued to spend three months at the hospital on a rotation basis. Two hours weekly are spent with the Superintendent and Clinical Director in didactic sessions and their supervision with patients is carried out by the Chiefs of Service.

Community education is an essential function of the hospital staff and both doctors and members of the other clinical services have addressed numerous lay and professional groups, in the area, on various mental health topics. The Public Health Nurses attend regular seminars at the hospital for the purpose of improving follow-up care. Deputy Sheriffs from Dade County attend a one day seminar at this hospital every two months.

A Pilot Workshop for Law Enforcement Officers on Problems associated with the mentally ill was conducted at this hospital in September, 1961.

RESEARCH

The Research Committee was formed in September, 1961 to initiate and supervise the various research projects within the hospital. It has received reports of the on-going studies from the Psychology Department, Rehabilitation, Occupational Therapy and Social Service, as well as the Pharmacy. A trial of the combination of approved drugs with ECT has been undertaken by Doctor Lever and Doctor Graubard and a further enlargement of this program will be made.

The Robert O. Law Foundation has continued its support of the biochemical research under the direction of A. Krall, Ph.D. and Doctor Lever. The study of Indole Metabolites in the Mentally Ill by paper chromatography was reported to the AMA Convention in June, 1962. Our studies of Adrenochrome in the Cerebral Spinal Fluid have proved negative and will also be published.

The Research Committee has cooperated with the Social Service Department and their supervision of the University of Florida social work

student and the preparation of the thesis for her Master of Social Work degree.

Doctor Gordon (Chief of Medical Surgical Services) and Doctor Hollander (consultant) have continued to investigate the relationship of chronic urinary obstruction to mental symptoms.

LIBRARY

Early in 1961, the Library was inventoried and reorganized by a qualified librarian. The various volumes were completely catalogued according to a standard system of classification. In order to create an adequate service for the hospital personnel and avoid the loss of valuable books, specific library hours were created.

The Library Committee has assumed the responsibility for considering and ordering new books, magazines, and periodicals for the various clinical departments throughout the hospital.

NURSING SERVICES

The Nursing Department, which is one of the largest services in the hospital, is the responsibility of the Director of Nursing Services who has had special training in the field of Supervision and Nursing Service Administration. Mrs. Gladys Frechtel, R.N., B.S., was recently appointed to fill the vacancy of the Assistant Director of Nursing Service. She has had special training in Psychiatric Nursing as well as in guidance and counseling of personnel.

Along with the increase of the patients' census during the past two years, it was necessary to increase the nursing staff to meet the needs of the departments. Since the last biennial report the staff was increased from 322 to 402. The nursing complement on June 30, 1962, was composed of the following: Director of Nursing Service, Assistant Director of Nursing Service, Nurse Educator, Administrative Supervisors (two), Area Supervisors (five), Instructor (one), Head Nurses (16), Staff Nurses (20), Psychiatric Aides (350), Beautician (two), Barbers (two), Clerk Typist (one). Unfortunately, there has continued to be a shortage of trained nurses and many positions open for staff nurses must go unfilled. This is in part due to the fact that our salary range cannot compete with that which is being offered by general psychiatric units in the South Florida area.

An important segment of the Nursing Service is the Nursing Education Department under the able leadership of Miss Marilyn Keil, R.N., B.S., the Nurse Educator. She has had special training in this field of Psychiatric Nursing Education. Assisting her in the orientation program and in classes for the Staff Nurses and Psychiatric Aides are Mrs. Verneda Stuedle, R.N. Instructor, and Mrs. June Montagna, R.N. Head Nurse.

During the biennium, the Department of Nursing Education conducted three two-day orientation workshops for the Public Health Nurses with a total of 28 nurses attending. The department spent three hours with each class of students from Lindsey Hopkins School of Practical Nursing. This helps to coordinate the clinical facilities for student nurses using the hospital for their clinical experience. The schools of nursing now taking advantage of the hospital facilities for their students are: The University of Miami Graduate and Under-Graduate School, Barry College, and West Palm Beach Junior College.

Nursing Education conducts an orientation program for all newly appointed personnel. In addition, advanced classes for the permanent staff are held on a continuous basis. The following is the report of the types of classes which are being offered: Aide Orientation, Medication, Physical Management, First Aid, Charge Aide, Charting Review, Medical-Surgical, Descriptive Psychiatry for R.N.'s, Ward Administration for R.N.'s.

Members of the Department of Nursing Education and Nursing participate in many workshops and special programs for the development of the nursing staff and for local community agencies. This includes the conduction of workshops for local agencies and participation in extramural speaking engagements.

The professional nurses are encouraged to attend nursing functions, meetings, workshops and institutes. During the past two years, the Director of Nursing Service has attended the Florida State Nurses Convention in Jacksonville and the American Nursing Association Convention in Detroit, Michigan. The Assistant Director of Nursing attended the Southeast Regional Conference for Mental Health Workers and Psychiatric Nurses and Psychiatric Nurse Educators in Jacksonville, Florida. The Nurse Educator attended the National League for Nursing Convention in Cleveland, Ohio. It is hoped that the knowledge gained and the information shared at these conventions will stimulate as well as promote better nursing care throughout the department.

SOCIAL SERVICE DEPARTMENT

Casework service to patients and relatives is the primary function of the Social Service Department and the Staff is constantly striving to find new and better ways to make the services more meaningful. During this biennium this Department developed within the framework of the expanding hospital program additional methods which will provide service to a greater number of patients.

Emphasis continues to be placed on the admission procedure for all patients as well as on release planning for those who need assistance because of special problems. On admitting days, relatives of approximately 70 per cent of all patients are interviewed by the social workers. For unaccompanied patients, all available resources are used to obtain pertinent informa-

tion. As members of the Rehabilitation Team, Social Service has been involved in the overall planning of many more patients than there is shown in the statistical table. The statistics in this category show only those patients who have received individual casework services. In addition, greater use is being made of discussion groups on the ward areas, including the Receiving Units. This is a more useful method for reaching many more patients as compared with individual casework interviews, and it is hoped that its use can be expanded in the future.

During the biennium there have been many changes in the Social Service Staff. At the beginning of the second year of the biennium, the seven allotted positions were filled, namely Director, Casework Supervisor, three Senior Psychiatric Social Workers, and two Junior Psychiatric Social Workers. The new positions which were allocated for January, 1962, have not been filled and three recent resignations have again depleted the staff complement so that as of June 30, 1962, instead of nine Psychiatric Social Workers there are only four positions filled including that of the Director and the Casework Supervisor. Unfortunately, it is extremely difficult to fill these positions because of the low salary scale and the entire program continues to suffer because the need for additional staff members is not being fulfilled.

The volume of the work depends on the skill of the staff members and the statistics bring this out quite clearly. During the period from May, 1961 to April, 1962, when the Social Service Staff was stabilized, more services were given to more patients. There was an average of 221 new cases referred per month with 237 services requested.

The Department's concern for, and participation in, training and education continues to increase within the hospital and the community. An active part is taken in the Inservice Training Orientation for new hospital staff, the Police Recruitment Classes of the Metropolitan Dade Sheriffs Department, the Public Health Nurses and the Ministerial Associations. Two second year social work students from Florida State University School of Social Work were in field placement here and, in addition, the Staff has conducted an orientation to the psychiatric hospital for other Social Work students in field placement in this area. Social Workers have participated in the Mental Health Fairs of both the Broward and the Greater Miami Mental Health Associations as members of planning committees and as discussants. Staff members have met with community groups to discuss various areas of social work. All the staff take an active part in the activities of the professional organization, the National Association of Social Workers, and are members of the South Florida Chapter.

Contacts with community agencies, such as the Public Health and Welfare Departments, local hospital, and private agencies, have increased and with some groups, working agreements have been developed to a mutual advantage. Liaison with the Social Security Administration, the

Veterans Administration, and the Division of Vocational Rehabilitation has continued to be beneficial to many patients.

Close contact is maintained with the Phoenix Clubs in this area so that the patients in the hospital can participate in their activities and be prepared for membership upon release.

The Health Department through the Mental Health Workers and the Public Health Nurses work closely with the Department of Social Work in the supervision of patients on Trial Visit and send excellent progress reports to the hospital. With the opening of the Follow-up Clinic it is anticipated that more direct contact will be had with patients on Trial Visit and an increase in the After Care program will be recognized.

CASELOAD

Patients Referred	1960-61	1961-62	Total
New.....	929	973	1,902
Reopened.....	1,294	1,574	2,868
Total.....	2,223	2,547	4,770

SERVICE

Type of Services	1960-61	1961-62	Total
Preadmission.....	27	25	52
*Admission.....	1,115	1,293	2,408
In Hospital.....	1,058	869	1,927
Rehabilitation.....		100	100
Release Plans.....	319	353	672
After Care.....	42	75	117
Total.....	2,561	2,715	5,276

* New admissions, readmissions and returns from trial visit

The difference between the total caseload and the total number of services shows that in 1960-61 338 patients and in 1961-62 168 patients were referred for more than one service.

PSYCHOLOGY DEPARTMENT

The Psychology Department is made up of a Department Head, two Staff members and one intern. During the past two summers, with the aid of funds from Civitan International, a psychology student has been assigned to the department. Unfortunately, an additional allotted staff position has remained vacant for several months. The existing staff members hold a Doctorate Degree in Psychology, are certified by the State of Florida, and

are qualified by the American Psychological Association standards to supervise the training of interns.

The Department has five main functions; diagnostic evaluation by the aid of psychological techniques, group and individual psychotherapy, in-service training, research, and the training of psychology interns. Psychologists attend and participate in clinical and administrative meetings, and serve as members of the Research Committee, the Committee for Training and Education, and the Court Disposition Board.

The University of Miami and Florida State University have approved the South Florida State Hospital for the training of both psychology interns and practicum students. The head of the Psychology Department has held the position of Clinical Associate Professor of Psychology at the University of Miami during the past three years and actively participates in the training program jointly established between the hospital and the University. In the fall of the current year, it is anticipated that the American Psychological Association will evaluate the hospital and the Psychology Department for formal approval as a training center on a doctoral level in clinical psychology.

Two research projects are currently under way; one is a study of the factors involved in elopements from the hospital, now almost completed, and the other is a Ph.D. dissertation being conducted by the intern in conjunction with the University of Miami.

Number of patients tested	615
Number of tests administered	1776
Number of interviews	1016

OCCUPATIONAL THERAPY DEPARTMENT

During the biennium, the Occupational Therapy Department has functioned without the services of two badly needed registered occupational therapists. In spite of this handicap, the treatment program has been better modified to meet the needs of the patients.

In addition to the existing clinic for acute patients where a one-to-one relationship is the goal, it was felt that there was a need to initiate a progressive step for many patients using group participation as a vehicle. This clinic endeavors to broaden the scope of interpersonal relationships of the patients and uses the group as a realistic, motivating medium.

In considering another need of the patients, namely that of testing working skills, a shoe repair clinic was initiated. Since its inception in June of 1961, Occupational Therapy has collaborated with Vocational Rehabilitation in placing two patients as trainees in Shoe Repair Shops in the community. In addition to prevocational training, patients were serviced by the actual repairing of 841 pairs of their shoes.

In an effort to reach many of the patients who were not referred to treatment clinics, a ward program was initiated on the continuous treatment female area. The Occupational Therapist acted as a consultant and a person of resources to the ward personnel, thus creating a change in the activity program. Ward atmosphere and gradual patient movement were observed as a result of this program.

During the biennium 1170 patients were admitted to the treatment program. Of the 1107 patients discontinued from the clinic, 374 of these were discharged from the hospital.

The Occupational Therapy Student Affiliation Program progressed during the biennium. In addition to the University of Florida students, a student from the University of Puerto Rico was added to the program. These students have been a source of stimulation and have contributed variety to the program of occupational therapy.

Three registered occupational therapists attended the two-day Southern Seminar on Psychiatric Occupational Therapy at Gainesville in January of 1962.

Average Daily Attendance of Patients

1960-61	1961-62
297	325

RECREATIONAL THERAPY

During the biennium, the Recreational Therapy Department has functioned with a fairly consistent complement now composed of nine staff members.

Recreational Therapy at South Florida State Hospital is designed to allow the patient to experience anew, under therapeutic guidance, a social growth that will help him become independent.

Recreational Therapy offers the patient the opportunity to recreate and motivates him to use leisure time for new and different activities, designed to give new satisfactions.

In order to accomplish its purpose this department uses all the varied recreational activities: Dancing, Drama, Adapted Sports, Music, Art, Boy Scouts, Camping, Band, Patient Council, Games, Trips, Picnics, and outings.

An important development during the last two years has been the In-service Training Program given by a member of the Department of Psychology. Meeting weekly during the past two years, the Staff of the Recreational Therapy Department has studied "Abnormal Psychology" and "The Clinical Application of Recreation Therapy."

In June, 1960, Recreational Therapy had a daily average attendance of:

WM	WF	CM	CF	Total
147	131	59	61	398

In June, 1962, Recreational Therapy had a daily average attendance of:

WM	WF	CM	CF	Total
191	155	151	97	594

EDUCATIONAL REHABILITATION

Because of the increasing number of teenaged patients referred for educational rehabilitation, it became necessary to establish an Educational Rehabilitation Program as an adjunct to the Recreational Therapy Department. In the past two years, the number of patients in the educational program increased from a total of 31 to 74. From two hourly classes a week, it has now reached full-time proportion with 12 hours of weekly participation per patient. Classes average 15 to 25 students and are supervised by the staff instructor, Mrs. Dotte Beeken, who is Director of Educational Rehabilitation at the hospital.

The program is designed to allow the patient an opportunity to gain practical experience in a group learning situation and setting with as little stress as possible. Accurate records of all patient's productivity and achievement levels are permanently filed and, on request, are forwarded to schools to which the patient returns, when released from this hospital. Classroom sessions are held throughout the year as well as trips to the surrounding related areas in the community. In 1962, six patients returned to Public School; one received a High School diploma, and four are enrolled in the General Education Course which leads to a High School diploma.

The curriculum is a flexible one and offers a challenge to learn new and practical skills. However, all classes and activities are designed for the individual within a self-governed group. Each student works on his tested achievement level at his own pace. Some of the varied subjects offered in addition to basic requirements are: Manual training for boys, dressmaking and home economics for girls, secretarial subjects, vocational training of waitresses and waiters, and English for Spanish speaking patients.

Within the Educational Rehabilitation program, the first Boy Scout Troop in a Florida State Hospital was formed with Mr. R. A. Prettyman, Director of Recreational Therapy, as Scoutmaster.

Three college teacher-trainees have worked for three-month periods with this program as part of an on-the-job training project.

With the continued increase in the teenage census, more provision for an increased staff and classroom facilities must be considered.

INDUSTRIAL THERAPY DEPARTMENT

The Industrial Therapy Department has continued to utilize all of the facilities within the hospital for the placement of patients on part-time jobs. At the present time, there are 59 work areas wherein patients work under the supervision of personnel in the various departments involved.

The reintroduction to work pressures as well as socialization is initiated in the hospital and Industrial Therapy serves as a proving ground for a patient's ability to accept such responsibilities.

During the last biennium, a member-employee program was initiated by the Department. Sixty-two patients have been enrolled in this program and of these patients, 33 have left the hospital while only seven have returned. There are three Industrial Therapists who participate in the various hospital orientation programs, in-service training programs, seminars, and the rehabilitation program. In addition, considerable time is spent in visiting work areas and in counseling work supervisors individually on patient problems in order to insure better staff-patient relationships. As the Industrial Therapy Program expands and as the staff is increased, there is a need here, just as there is in other hospitals, for trained and qualified Industrial Therapists. This need may be met, in part, by intensive in-service training and education.

	WM	CM	WF	CF	TOTAL
Patients in industries on July 1, 1960	99	17	108	27	251
Patients assigned to I.T. during this period	655	231	931	165	1,982
Patients discharged from I.T. during this period	577	208	817	159	1,761
Patients on Member-Employee program	4	—	1	2	7
Patients in industries on June 30, 1962	181	40	223	35	479

VOCATIONAL REHABILITATION

The Rehabilitation Committee was formed in the fall of 1959, and has functioned with most of its personnel unchanged since May, 1960. Its goals are to assist the patient to plan effective training for his future vocation, to find suitable work placement and to re-establish himself within the community.

During the first year of the biennium, Mr. Fred West was the Division of Vocational Rehabilitation counselor working part-time at this hospital. Patients were taken from the rehabilitation wards only and were accepted on a non-selective basis as transfers from other wards. Consequently, large numbers of patients were investigated by the Committee to no avail.

During the winter season of 1960-61, a project for patients was established through the facilities of the Florida State Employment Service.

Patients were transported to and from their place of employment. In all, 29 patients participated and earned over \$1500. Thirteen of these patients were able to leave the hospital as a result of this program, which was reported in the *Journal of Rehabilitation*, March and April, 1962.

In August, 1961, Mr. Jack Huber was assigned by the Division of Vocational Rehabilitation as a full-time counselor with his office in the hospital. After a period of re-evaluation of the previous year's work, our program was revised so as to utilize the Division of Vocational Rehabilitation services more fully. The program was widened to include patients from all the wards of the hospital, and more extensive interviewing and counseling of the patient took place. With this change, more patients were considered ineligible for rehabilitation for various reasons, but those that were accepted have been worked with in greater depth. Some of the patients previously accepted were carried over to the new system.

In the last two months a local businessman has established a factory for the remanufacturing of automobile parts and he has cooperated with the Division of Vocational Rehabilitation very extensively in employing handicapped persons. Six of our patients have been accepted for work evaluation and training in this field, two of whom he has accepted for permanent employment.

RESULTS

	Men	Women	Totals
Now out of the hospital	102	87	189
Left but returned and now in hospital	15	22	37
Died	1	1	2
Remaining in hospital	54	69	123
Total patients studied	172	179	351

VOLUNTEER SERVICES

The continuing support and assistance from 76 community civic, service, church and military organizations located in the counties adjacent to this hospital, has enabled Volunteer Services to fulfill many of the needs of our patients, not obtainable through state resources or appropriations. Among the many needs requested by hospital staff personnel from Volunteer Services, have been volunteer workers, monetary assistance for specific projects and donations of materials, articles and supply items.

There are 204 women and men who take part in the Volunteer Program. Of these, 78 volunteers report on a once-a-week basis. In addition to these individual workers, 21 community organizations have supplied afternoon or evening personal services, entertainment programs, visitations or ward programs to patients once a month.

Through material and monetary contributions, the research program has been continued; the patients' library has been improved as well as expanded and many new books and supplies contributed; the volunteer sponsored Charm Course has grown to over 400 patient participants a week; the volunteer sewing program on the wards has been extended to cover every women's area; the outside picnic, patio and visiting areas have been enlarged and new equipment added; sufficient television sets and radios have been donated so that all wards are adequately covered; the patients' orchestra has been furnished with musical instruments; the hospital has been provided with adequate equipment, school supplies and books.

During this biennium, with the help of outside contributions, trips for patients to places of interest and to sports events in the nearby community have been tripled. Printed booklets, pamphlets and brochures describing hospital activities, information to relatives and to visitors, have been printed through community donation.

The first Annual Award Ceremony for Volunteers was held in April, 1961, honoring the many community organizations and volunteer workers that had participated in the volunteer service programs since the hospital opened in 1957. This will continue to be an annual affair as recognition to volunteers is very important. It was interesting to note that over 600 community individuals, friends and club representatives attended this first ceremony as interested guests. With the addition of a second staff member in Volunteer Services, there was an immediate increase in the number of workshops, tours, talks, community contracts, public relations and volunteer programs.

The program of recruiting, screening and referral of volunteer workers has continued as staff people have indicated a need; displays have been prepared for 22 district, area or state organizational conventions or meetings; outstanding contacts have been made with veterans organizations such as the American Legion, Veterans of Foreign Wars, Disabled American Veterans, and their women's auxiliaries, in behalf of the numerous veterans here. In addition, Volunteer Service has conducted tours for 136 professional, college, civic, community groups and relatives of patients, and has been invited to and participated in 26 outside community and professional workshops, seminars and forums, addressed four national organizations in convention in this area, programmed and conducted 11 workshops held within the hospital confines and addressed a total of 143 community organizations in the adjacent three counties.

Volunteer Services has been instrumental in obtaining community donations towards Scholarships for college students for summer study and training at South Florida State Hospital; during the summer of 1961, ten college women were in training at this hospital, using approximately \$7000 contributed towards this program of career training in the field of mental illness. This training program for students of Florida residence has been

made possible through the combined grants of Smith Kline & French Laboratories and the Florida division of Civitan International. The training program has been continued during the summer of 1962, again with contributed assistance from the community.

Volunteer Programs and Statistics:

Number of volunteers reporting during biennium	5,467
Average number of volunteers each month	240
Total hours given to hospital	40,508
Average number of hours given to hospital each month ..	1,403
Hospital activities involving volunteer workers	3,396

CHAPLAINCY

The Chaplaincy program continued with the assistance of part-time Pastor, Robert Zehnder of Hollywood, Florida, St. Marks Lutheran Church, until the first of November, 1961, when a full-time program was initiated under the direction of Reverend Luther Ballou.

Since November, 1961, the Chaplain has conducted the over-all hospital Protestant program, assisted generously by several local Protestant clergymen. The local volunteer Rabbi has continued to conduct regular Jewish services and ward visitations. Services to Roman Catholic patients have continued with local priests conducting these services.

Since his arrival, Chaplain Ballou has made it a point to visit all patients, to see all newly admitted patients and to maintain a constant contact and follow-up with all Protestant patients. This has brought about nearly a three-fold increase in attendance at the Protestant chapel services.

The Chaplain is assisted in his work by several volunteers from nearby churches and also by his wife who works with the Protestant Choir on Fridays.

Regular religious services are conducted for all three faiths in the chapel, in the colored areas and the Geriatric buildings. Bible classes are held throughout the hospital. A Protestant religious library has been established and an increasing number of patients are availing themselves of this service.

With the assistance of community church and civic organizations, considerable new equipment has been added to the chapel area. The 'gym-like' appearance of the temporary chapel has been eliminated by removing the screens from the windows, and the basketball equipment from the walls.

Special Communion services are held in the Chapel once a month; Communion is served on the wards twice a year to those non-ambulant patients unable to come to the Chapel; an average of nine services are held on those wards where patients are so handicapped that they cannot attend the weekly chapel services. Special services are held by all faiths in the chapel on religious and semi-religious holidays.

The Chaplain is a member of the five ministeriums in our four nearby communities and has spoken at meetings in each of the areas. Members of the ministeriums have visited the hospital for tours and orientation programs in order to better understand psychiatric problems leading to hospitalization.

LABORATORY

At the beginning of the second year of the biennium, Dr. Juan de Moya assumed the position as Director of Laboratory Services and the staff became stabilized with two technician assistants.

Practically all laboratory procedures are now instituted within the hospital and only the more complicated and critical tests are sent to nearby laboratories.

Laboratory procedures performed for the biennium are summarized below.

Urinalysis	14,743
Hematology	11,851
Blood Chemistries	9,940
Serologies	5,647
Spinal Fluids	1,143
Bacteriology	3,091
Miscellaneous	5,869

X-RAY DEPARTMENT

The X-ray Department functions with the services of one X-ray Technician and a clerk assistant.

A routine chest X-ray is mandatory for each newly admitted patient as well as each new employee. This is supplemented by an annual chest film of all patients and personnel through the visitation of a mobile X-ray unit.

In addition to the routine diagnostic studies, special X-ray procedures in the form of pneumoencephalograms and angiograms have been introduced during the biennium.

The following is a breakdown of the X-ray procedures:

Total Number	5,085
Chest	2,956
Skull	241
Spine	613
Intravenous Pyelogram	233
Retrograde Pyelogram	16
Gastrointestinal Series	98
Barium Enema	55
Cholecystogram	54

Cholangiogram	5
Arteriogram	8
Pneumoencephalogram	2
Miscellaneous	804

PHARMACY

During the biennium, our former pharmacist resigned because of poor health. In the early part of 1961, we were fortunate in obtaining the services of a full-time Registered Pharmacist. In the spring of 1962, the pharmacy was air-conditioned and this not only has improved working conditions there, but more important, it has totally eliminated the problem of the deterioration of drugs due to climatic conditions.

The Pharmacy Committee has worked closely with the new pharmacist in order to reorganize the pharmacy so that the attending staff may have at its disposal an adequate supply in an over-all variety of medications. However, in spite of all efforts toward modification in the use of the tranquilizing drugs, the supply has not been sufficient to meet and satisfy the demand, so that on occasions the pharmacy has totally exhausted its supply of certain badly needed drugs. In order to ease this problem with the more common drugs, the pharmacist has compiled a complete drug formulary for the medical staff and the nursing personnel. This allows for substitutions of drugs with the same generic formulas. It has been the hospital policy not to use any drugs which have not been given a name and approved by the Federal Drug Administration. However, new and approved products are constantly added to our supply of both antibiotics and ataractic drugs.

The use of tranquilizers and psychic energizers has continued to increase and the use of these drugs combined has produced encouraging results throughout the hospital.

The volume of work of the pharmacy has increased considerably during the year, especially with the activation of the Follow-Up Clinic for those patients who have been placed on trial visit.

Once each month, four or five representatives of the various pharmaceutical houses visit the hospital and set up displays exhibiting products already in use, as well as presenting the newer developments in the field of Pharmacology.

DENTAL DEPARTMENT

During the biennium, the Dental Department has had the services of a full-time dentist and one dental assistant under the supervision of Dr. Paul Ubrig, Chief Dentist for State Institutions.

There were 13,558 treatments given during the biennium. Treatment includes emergency work, extractions, fillings, and dentures.



PATIO AREA—INTENSIVE TREATMENT SECTION

PERSONNEL DEPARTMENT

The Personnel Department recruits, tests and screens applicants for employment. It maintains records of employment for ready reference, reports, and related staff usage.

The Department services self-insured Workmen's Compensation injuries and reports. It clears credit references and contacts between the public and staff.

By legislative act, 786 staff positions were authorized for the second year of the biennium, however, funds were not available to fill 62 of these positions. In the first year of the biennium a total of 649 staff positions were authorized.

MAINTENANCE DEPARTMENT

The Maintenance Department is responsible for household and property services.

The Water Plant pumps water from two wells to the Plant where it is tested, treated and pumped to the buildings for use. Average treating was 7,968,000 gallons a month during the biennium.

The Steam Plant furnishes steam from four boilers for Laundry, Dietary, heat and sterilization. The plant used an average of 49,600 gallons of bunker fuel each month to produce a monthly average of 8,751,500 pounds of saturated steam at 110 pounds per square inch.

The Sewage Plant's average flow each month was 5,210,800 gallons of raw sewage. Sewage facilities are becoming inadequate due to increased number of patients over the designed capacity of the hospital. Plant expansion will be requested in the next legislative budget.

Roads and Grounds maintained 300 acres of ground, cutting grass, pruning trees and shrubs, hauling trash, watering and planting.

The Transportation Department averaged 9,100 miles each month to transport food, clothing, and various supplies. Non-ambulatory patients are transported from patient areas to Clinic, X-Ray, Dental and other areas.

The Trades Department is charged with repair and maintenance of buildings and utility lines (water, sewage, electric, steam). It averaged completing 900 work orders each month, repairing dietary equipment, ward equipment, X-Ray, O.R. and Dental equipment, heating and air conditioning, roofs, painting and glazing.

SUPPLY DEPARTMENT

The Supply Department prepares all requisitions for purchases which are made through the State Purchasing Commission. This Department

maintains a complete warehouse stocking all supplies necessary for the hospital's requirements. Only limited local purchasing is done.

To cover the equipment, material and supplies required to operate the hospital, 787 purchase requisitions were screened, prepared and forwarded to the State Purchasing Commission, resulting in 3,395 purchase orders. A total of 8,369 receiving reports were prepared covering items delivered or stored. The Supply Department serviced 1,870 general stores requisitions submitted by all departments.

The present warehouse space is inadequate due to storage requirements for the increased number of patients over the designed capacity of the hospital.

HOUSEKEEPING DEPARTMENT

The Housekeeping Department is responsible for the cleaning of all public areas, offices and some patient areas. In addition, it issues all patient clothing and repairs such clothing. It produces various cloth items. During the biennium, 99,406 pieces were repaired and 10,762 pieces were produced. The department marked and issued 29,988 pieces of state clothing during this period.

A Clean-O-Scope Training Program is held once each month. Methods of cleaning and sanitary procedures are conducted. During this biennium, 378 employees have attended these classes.

DIETARY DEPARTMENT

Food Service is organized under a Chief Dietician, aided by a Therapeutic Dietician.

The Central Kitchen prepares all meals and Special Diets and delivers prepared food to six outlying kitchens. Baking is accomplished in the Old Central Kitchen. Pies, cakes, puddings, and fresh rolls are prepared. Bread is purchased by contract. The policy of serving the same regular menu to patients and employees has continued from the last biennium. Employees pay for all meals.

	1960-61	1961-62
Total Meals Served	1,318,410	1,500,189
Total Cost of Meals Served	\$ 332,812.30	\$ 370,699.71
Average Meals per day	3,612	4,110
Average Special Diets per day..	462	563

A twelve week course in sanitation, food care and preparation is established.

A weekly inspection team, headed by the Dietician, giving ratings to each food area, has resulted in a good housekeeping and protective maintenance program.

LAUNDRY DEPARTMENT

The Laundry performance is outstanding and most economical. Some 4,366,300 pounds of laundry were processed during the biennium as compared to 2,348,400 during the previous biennium.

A used wash wheel was purchased from the Florida Sanitarium in Orlando and one new 100 pound capacity tumbler was added.

Careful control of laundry supplies and a linen control system have minimized the overall cost of production and linen replacements.

The Laundry is operated seven days each week. The current facilities are inadequate due to increased number of patients over the designed capacity of the hospital.

SECURITY DEPARTMENT

The Security Department furnishes twenty-four hour, seven day, service. It screens vehicles entering and leaving the grounds and patrols parking areas. It checks all locked areas after working hours, as a protection against possible theft. Patients that elope are normally returned by Security. Transportation after hours and ambulance service is a function of this department.

MOVEMENT OF PATIENT POPULATION

	July 1, 1960 to June 30, 1961	July 1, 1961 to June 30, 1962
ADMISSIONS:		
On New Commitment from:		
County Courts.....	730	801
Circuit and Criminal Courts and Court of Record....	69	79
Certifications.....	201	211
Voluntary Admissions.....	46	44
Readmitted on Former Commitment.....	2	1
Returned from Trial Visit.....	197	202
Returned from Escape.....	67	36
Transferred from other Divisional Hospitals.....		
Admitted while on Trial Visit from other Div. Hosp.....	5	7
Transferred from Non-Divisional State Institutions.....	11	2
Transferred from out of State.....	7	12
Babies Born.....	5	8
Other.....	2	59
TOTAL ADMISSIONS.....	1,342	1,462
SEPARATIONS:		
Released on Trial Visit.....	436	400
Discharges:		
By Staff.....	234	344
For Transfer to V A Hospitals.....	12	16
For Transfer to Other States.....	21	45
For Return to Court.....	56	81
Certified Patients.....	125	141
Voluntary Patients.....	39	38
Transfers to other Divisional Hospitals.....		4
Transfers to Non-Divisional State Institutions.....	11	6
Escaped.....	89	49
Patients Died.....	138	151
Babies Sent Home.....	5	8
Other.....	2	89
TOTAL SEPARATIONS.....	1,168	1,372
Net Increase in Population.....	174	90
POPULATION BEGINNING OF PERIOD.....	1,038	1,212
POPULATION END OF PERIOD.....	1,212	1,302
AVERAGE NUMBER OF PATIENTS.....	1,112	1,275

PSYCHOSES OF ADMISSIONS

	July 1, 1960 through June 30, 1961					July 1, 1961 through June 30, 1962				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol Intoxication.....	4	.....	13	1	18	11	9	10	5	35
Drug or Poison Intoxication (except alcohol).....	4	1	1	.....	6	1	6	.....	.....	7
Convulsive Disorder.....	1	.....	.....	1	2	.....	.....	.....	1	1
All Other Conditions.....	4	1	1	1	7	4	1	2	1	8
TOTAL ACUTE BRAIN SYNDROMES.....	13	2	15	3	33	16	16	12	7	51
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Diseases and conditions due to Prenatal Influence.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1
Meningoencephalitic Syphilis.....	.....	.....	.....	1	1	.....	.....	3	.....	3
Other CNS Syphilis.....	3	.....	.....	1	4	.....	.....	.....	.....	.....
Other Intracranial Infections.....	1	.....	.....	.....	1	1	.....	.....	.....	1
Alcohol Intoxication.....	11	2	2	2	17	8	13	3	2	26
Drug or Poison Intoxication (except alcohol).....	.....	2	.....	.....	2	1	1	.....	.....	2
Birth Trauma.....	2	2	1	.....	5	4	.....	.....	1	5
Other Trauma.....	8	2	2	.....	12	10	1	2	1	14
Cerebral Arteriosclerosis.....	57	62	4	9	132	48	42	6	10	106
Other Circulatory Disturbance.....	6	4	1	1	12	5	3	1	.....	9
Convulsive Disorder.....	4	7	1	2	14	5	4	1	1	11
Senile Brain Disease.....	9	14	8	9	40	21	25	4	3	53
Other Disturbance of Metabolism, Growth & Nutrition.....	4	1	.....	.....	5	1	1	.....	.....	2
Intracranial Neoplasm.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Diseases of Unknown and Uncertain Cause.....	1	3	.....	.....	4	3	4	.....	.....	7
Chronic Brain Syndromes of Unknown Cause.....	8	3	2	1	14	5	.....	4	.....	9
TOTAL CHRONIC BRAIN SYNDROMES.....	114	102	21	26	263	113	94	25	18	250
PSYCHOTIC DISORDERS:										
Involutional Psychotic Reaction.....	9	29	.....	8	46	8	38	.....	9	55

PSYCHOSES OF ADMISSIONS — Continued

	July 1, 1960 through June 30, 1961					July 1, 1961 through June 30, 1962				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Manic Depressive Reactions.....	31	15	11	2	59	21	26	2	2	51
Psychotic Depressive Reaction.....	12	10	2	.....	24	9	19	.....	.....	28
Schizophrenic Reactions.....	107	168	45	58	378	156	218	56	61	491
Paranoid Reactions.....	4	3	.....	2	9	3	2	1	.....	6
Other.....	.....	7	1	1	9	.....	.....	.....	.....	.....
TOTAL PSYCHOTIC DISORDERS.....	163	232	59	71	525	197	303	59	72	631
PSYCHOPHYSIOLOGIC, AUTONOMIC, & VISCERAL DISORDERS.....	.....	2	.....	.....	2	3	1	1	.....	5
PSYCHONEUROTIC REACTIONS.....	35	36	2	.....	73	23	29	1	.....	53
Personality Pattern Disturbance.....	10	7	.....	.....	17	6	5	.....	.....	11
Personality Trait Disturbance.....	16	21	.....	.....	37	22	11	1	.....	34
Antisocial Reaction.....	10	3	.....	.....	13	16	3	1	.....	20
Dyssocial Reaction.....	3	2	.....	.....	5	3	2	.....	.....	5
Sexual Deviation.....	11	.....	1	.....	12	18	.....	2	.....	20
Alcoholism (addiction).....	21	7	2	3	33	28	7	7	2	44
Drug Addiction.....	4	3	.....	.....	7	2	2	.....	.....	4
TOTAL PERSONALITY DISORDERS.....	110	81	5	3	199	121	60	13	2	196
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	9	.....	.....	.....	9	6	3	.....	.....	9
MENTAL DEFICIENCY.....	12	5	2	8	27	4	3	3	2	12
MENTAL DISORDER UNDIAGNOSED.....	.....	3	.....	1	4	1	1	.....	.....	2
WITHOUT MENTAL DISORDER.....	8	.....	5	.....	13	2	.....	5	.....	7
GRAND TOTAL.....	429	425	107	112	1,073	460	480	117	101	1,158

ADMISSIONS BY COUNTIES

	July 1, 1960 through June 30, 1961					July 1, 1961 through June 30, 1962				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Bay.....		1			1					
Broward.....	118	123	24	32	297	120	130	18	17	285
Collier.....	6	7		1	14	6	9	2		17
Dade.....	184	179	44	42	449	218	217	53	58	546
Hendry.....	2	4	1		7	4	5	1		10
Indian River.....							1			1
Martin.....	6	6	2	3	17	9	3			12
Monroe.....	13	16	3	1	33	17	11	2		30
Palm Beach.....	77	75	24	31	207	67	86	29	19	201
St. Lucie.....	23	14	9	2	48	19	18	12	7	56
TOTAL.....	429	425	107	112	1,073	460	480	117	101	1,158

DEATH RATE AT THE SOUTH FLORIDA STATE HOSPITAL

Fiscal Year	Patients Treated During Year	Deaths During Year	Death Rate per 1,000 Patients Treated
1957-1958.....	989	38	38.4
1958-1959.....	1,546	53	34.3
1959-1960.....	2,070	117	56.5
1960-1961.....	2,380	138	58.0
1961-1962.....	2,674	151	56.5

NORTHEAST FLORIDA STATE HOSPITAL
MACCLENNY

J. T. Benbow, M.D.
Superintendent

DEPARTMENT HEADS AND MEDICAL STAFF

J. T. Benbow, M.D.	Superintendent
C. H. Adair, M.D.****	Clinical Director
M. Wellman, M.D.	Clinical Director
J. E. Jones	Administrative Assistant
J. M. Alcabes, M.D.**	Psychiatrist
R. F. Boone, M.D.	Psychiatrist
T. F. Burke, M.D.	Psychiatrist
A. D. Duffy, M.D.	Psychiatrist
L. Hatcher, M.D.**	Psychiatrist
P. B. Ivory, M.D.	Psychiatrist
H. Miller, M.D.**	Psychiatrist
J. C. Palmer, M.D.	Psychiatrist
A. L. Robertshaw, M.D.	Psychiatrist
E. J. Duffy, M.D.	Physician
J. R. Ryan, M.D.	Surgeon
R. B. Martin, Jr., D.D.S.**	Dentist
E. J. Stevens, D.D.S.	Dentist
T. R. Doras*****	Chief Psychologist
B. B. Davis	Chief Psychologist
J. Rogers	Pharmacy
R. F. Fritz	Chief Medical Technologist
J. W. Whitehead**	Director, Social Service
A. Ritter	Director, Social Service
A. Roy, R.N.**	Director of Nurses
M. G. Wolbert, R.N.**	Director of Nurses
P. O. Handley, R.N.**	Director of Nurses
V. Tyler, R.N.	Director of Nurses
J. C. Thompson	Director of Occupational Therapy
C. M. Hayes	Accountant
K. F. Klein	Secretary to the Superintendent
F. S. Tyson	Food Service Manager
G. M. Hill	Warehouse Manager
G. F. Williamson	Sanitary Engineer
J. C. Long	Building Maintenance Superintendent
M. E. Taylor	Chief Engineer, Heating Plant
J. Sellers	Laundry Manager
T. McIntyre	Supervisor of Grounds
H. W. Craig*****	Vocational Rehabilitation

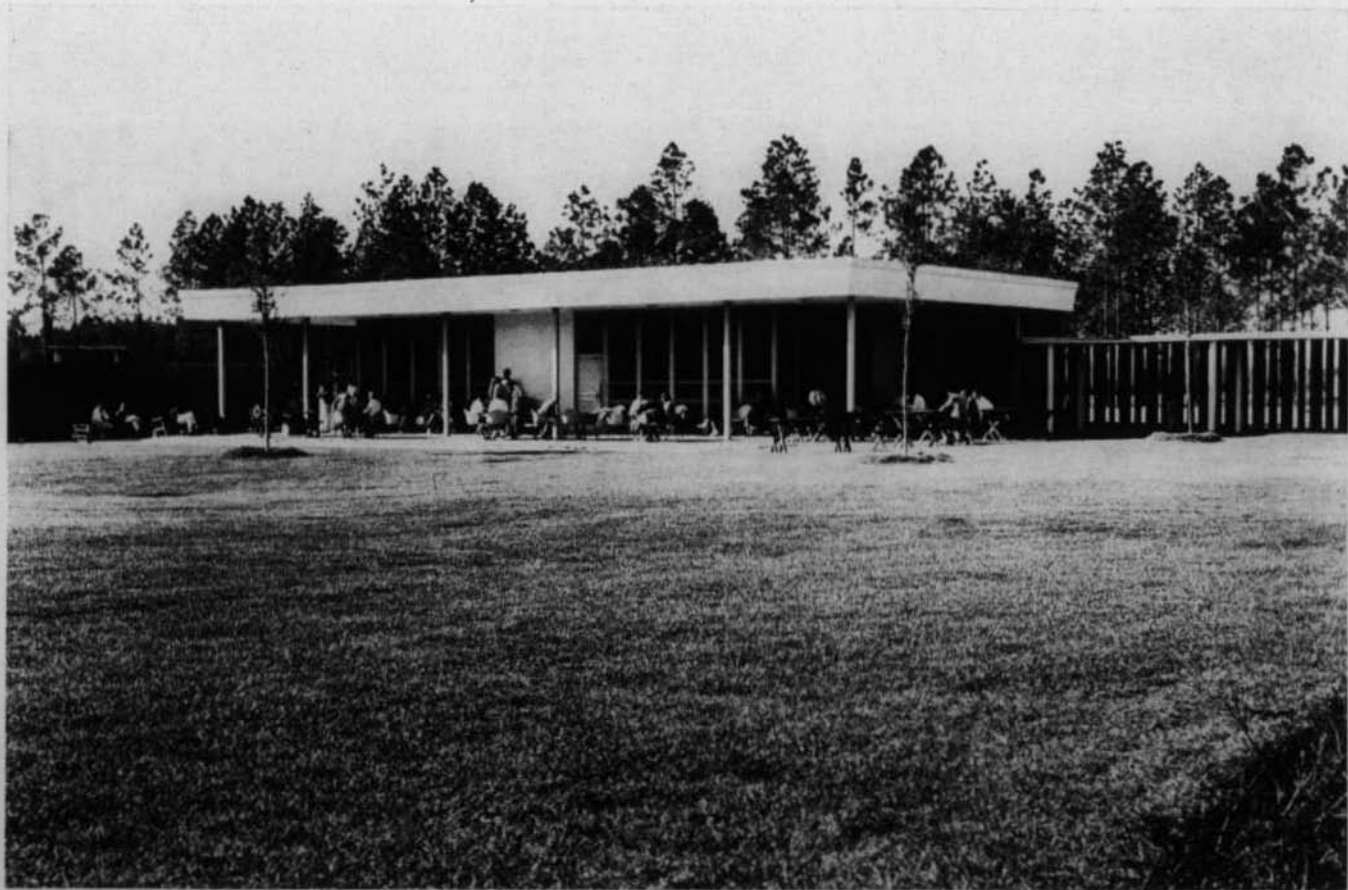
VISITING STAFF

W. P. Scott, M.D.	Radiologist
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** Resigned

**** Employed by State Department of Education—Division of Vocational Rehabilitation

***** Transferred to Other Divisional Hospitals



AN ACTIVITIES THERAPY AREA

GENERAL INFORMATION

The Northeast Florida State Hospital has been in operation since August of 1959, and all facilities present at that time have since been activated. During the latter part of 1961 the hospital also began activation of the Geriatric section completed during the last year of the biennium under report. This section consists of five buildings having a complement of 88 beds each, with an Occupational Therapy and Recreation area incorporated. The Geriatrics section is presently occupied by geriatric patients and by continued treatment patients, with one small area set aside for a rehabilitation ward.

The policy of the hospital and its philosophy continues to be that of operating a facility in which the environment is conducive to recovery by our patients. We feel that environmental therapy is a very important part of the treatment program, and we allow patients to have as much freedom of the grounds as their condition permits. This policy has worked out quite well since we have been open and has contributed materially to the recovery of the patients who have been with us. It has been interesting to note that, not only do the acute short-term patients function quite well in such an atmosphere, but also many of the longer-termed patients who have been sick for quite protracted periods of time. The atmosphere of permissiveness brings about resocialization much more rapidly than a constricted atmosphere. We feel this has, in many instances, allowed us to return patients to their homes or communities more readily than might have been possible if a more rigid attitude had been taken.

At the end of this biennium plans are being formulated for further construction consisting of some 300 more beds for patients with an associated new kitchen and dining area. Money for this has not been released as yet, but we hope it will be released in the early part of the next biennium and that construction will be completed by the end of the biennium. In this regard, we are also planning a Vocational Rehabilitation area with the view in mind of carrying out a quite intensive prevocational evaluation program in cooperation with the Occupational Therapy and Vocational Rehabilitation Department. This, we feel, will enable us to more adequately place many of our patients upon release in working situations outside the hospital so that they may again become wage earners and more or less self-sufficient. One of our problems in the past has been the inability to adequately evaluate the working potential of many of our patients prior to their leaving, and we have had some failures because of our inability to prognosticate what an individual patient might or could do in the way of useful occupation.

We also hope to obtain some further shop buildings and facilities for maintenance areas and will ask the Legislature for money to add another 200 beds for patients in the next biennium. This will bring our total bed capacity, if these last 200 beds are granted, to about 1,500 and it is felt necessary to proceed as rapidly as possible with construction in order to

meet the rapidly growing need in the State and area for beds for the mentally ill. Improved methods of treatment, of course, will continue to aid in returning patients to the community rapidly, but population growth in the State makes it mandatory that additional facilities be provided to meet the increasing need.

MOVEMENT OF POPULATION

During the last biennium a total of 2,276 persons were admitted to the hospital. This includes first admissions, returns from trial visit, transfers from other State Institutions, etc. Reference to the accompanying tables will show a detailed breakdown of the types of admissions.

In regard to separations, there were 2,046 separations of all types, including persons placed on trial visit, persons discharged as competent, deaths, escapes, transfers to other States and Veterans Hospitals and to other State Institutions. Again, reference to the tables will show a detailed breakdown of releases.

We continue to have our greatest number of patients coming from Duval County, with Orange County, Hillsborough County, Volusia County, and Pinellas County next in line. We still take patients from a somewhat indefinite area in the State, depending upon the availability of beds and accessibility of the various counties to the other State Hospitals.

The psychotic disorders continue to be our greatest classification in admissions to the hospital, and of these, the Schizophrenias comprise the major group. Chronic Brain Syndromes from various causes are increasing because of more admissions of the advanced age group.

MEDICAL STAFF ACTIVITIES

We have been able to keep a fairly adequate staff during the biennium and to carry on a very active treatment program. We have attempted, with the type of physical facilities which we have, to encourage group relationships and group interaction on all levels. The use of group therapy has been carried out quite extensively with our psychologists and somewhat with the social service staff. With the addition of further ancillary personnel, we hope to expand this type of therapy a great deal.

Weekly conferences are held for purposes of consideration of patients for discharge from the Institution. We also hold conferences each week in various sections of the hospital for consideration of new cases admitted the previous week, utilizing the medical staff associated with this particular service, nursing personnel and aides to bring out the team oriented concept in the care of mental patients. This has been an invaluable aid for educating nursing staff personnel, and it has made the care and treatment of patients on a day-to-day basis much easier for everyone concerned.

Teaching conferences are held weekly for nursing personnel and psychiatric aides to help these personnel understand the concepts of psychiatric conditions and the reasons for various forms of therapy. These are carried out by the medical staff and also have the participation of the ancillary therapies.

Orientation courses with Public Health Nurses have been carried out until just recently, having been suspended for the summer, but will be started again in the fall of 1962. It is quite beneficial for the Public Health Nurses to see the situation in which patients are housed and cared for and to understand some of the problems of the mentally ill, as they are the first line of contact, from a medical standpoint, when the patients are returned to the communities.

The medical and surgical section of the hospital is increasing in activity as we admit an older group of patients. Surgery is at a minimum at the present time but is gradually beginning to increase with the coming of elderly patients. We have continued our program of screening for malignancies of the cervix and uterus among our female patients and have followed this up with whatever surgical procedures were necessary. The screening technique is carried out in all female admissions and we have been able to diagnose a good many early malignancies by this process.

We have not expanded our consulting staff in surgery, though we intend to do so in the coming biennium. At the present time we use consultants in ophthalmology, neurosurgery, and radiology only. We intend to include fields of urology and orthopedics in the coming biennium.

Routine physical examinations on all applicants are done by the physician in the medical and surgical service prior to employment. No medical service to employees is given except for emergency care for accidents which are received in line of duty. Most of our employees are participants in a Blue Cross-Blue Shield insurance plan and obtain their medical care away from the hospital. Routine re-examination of food handlers continues in compliance with existing regulations for such.

PSYCHOLOGY

Our services in the field of psychology have been carried out by two psychologists. We find that we are rapidly getting to the point of saturation and will need to employ additional psychologists very shortly. Psychological services consist of testing and evaluation of referrals by the attending psychiatrist. They also consist of the carrying out of group therapy programs and of individual psychotherapy. The psychologists participate in teaching clinics from time to time and take part in case conferences which are held each week.

We feel it will be necessary to double the number of psychologists this next biennium because of the rapidly increasing work load and the demands

made upon them by the psychiatrists for evaluative as well as therapeutic services. No time has been available for carrying out any research programs and it is doubtful such time will be available until the staff is expanded a good deal. We are, however, utilizing new tests as they come and experimenting with new materials in the field of psychology.

SOCIAL SERVICE

Our Social Service Department during the biennium has been incompletely staffed because of the lack of available personnel. This is due to the great competition between the various state agencies and other states for well trained people and we have been somewhat short in the number of fully qualified social workers in the field of psychiatry. We have need for three more fully trained psychiatric social workers and hope that, with an elevation of the salary levels, we will be able to obtain them. This field, however, is one which is greatly in demand by many agencies and the ability to fill any position depends upon the current market value.

The Social Service Department carries on a tremendous amount of work of an investigative nature concerning our patients. Relatives who come with patients at the time of admission are interviewed, if possible, and a social history is obtained at that time. If no relatives come with the patients, then social service questionnaires are sent out routinely to the family for the assimilation of information. This information is quite necessary as it gives us some insight into the patient's symptoms and behavior, the family relationships and attitudes, and previous treatment received. Social service also carries out the job of sending the reports to the Public Health Nurses in individual counties, giving them information as to diagnosis, treatment, and potentialities of patients who have been released on a trial visit status. Form letters to various agencies, doctors and hospitals for information are handled through this department as well.

Group psychotherapy has been carried out by one of our workers in a selected area and has been very successful with the men and women patients in this area. This type of therapy, which was started during this biennium, was new to us on this particular service but has served to let this group of patients ventilate their problems and, in actuality, solve many of their problems themselves which they have either refused to discuss or begrudgingly discussed with the attending psychiatrist. We hope to be able to expand this service as time goes on and more personnel are obtained. In this particular group the services of a well trained social worker are of exceptional value because many of the problems are related to social and socio-economic difficulties and to the acceptance of these problems by members of their peer group.

Case work services are extended to patients and their families during the patient's hospitalization. This is valuable in relieving patients of their anxieties and also in relieving families of their fears of the patient and of

the patient's future. A great deal of work goes into the individual case planning for patients, especially those who have no immediate family available to take them out, or with a family and a patient who are so maladjusted that it is necessary to provide other living arrangements for the patient who is to be released.

OCCUPATIONAL THERAPY

This department maintains a therapeutic activity program designed to provide various occupational and recreational therapy activities considered essential to a well rounded treatment program. Modalities used in these areas include ceramics, leathercraft, woodcraft, metalwork, domestic crafts of all descriptions, and weaving. Specific recreation programs are initiated for the patients daily with shuffleboard, croquet, softball, basketball, volleyball, bingo parties, table tennis, and table games of all descriptions organized in such a manner as to stimulate a person to their optimum participation levels.

Physical training programs for patients are prescribed by the staff psychiatrist in an effort to establish another situation to help the individual adjust to their problem. Physical exercise equipment of many classifications is used in this capacity, including such items as barbells, rowing machines, stationary bicycles and punching bags.

The patients library, established through the thoughtful donations of books and magazines by various interested organizations and individuals, is functioning quite well. The literary participation of patients has steadily increased, bringing about a greater demand for a more diversified variety of reading materials in various fields.

We have, since the activation of our geriatric facility, opened the Occupational Therapy Center there and have instituted a program tempered to the activity levels of patients in those areas. We feel that, with patients who are in the geriatric group or in the continued, long-term group, activation is necessary in order to prevent deterioration or regression. The program in these areas has received a great deal of response and we feel this is quite beneficial in keeping these patients at a level of activity which enables them to receive benefit from other forms of therapy and possibly return home.

Occupational Therapy programs at the Northeast Florida State Hospital are an integral part of the patients treatment program, closely related to and supervised by the medical staff. In this manner, it is felt the patient can be afforded therapeutic experiences that will help control or alleviate his psychiatric problems, which may encourage emotional adjustments and eventually complete rehabilitation.

GLAMOUR THERAPY

A program designed to meet many of the basic needs of the female patients was initiated at the hospital in October of 1961 by an interested group from Duval Mental Health Association. This activity has been designated "Glamour Therapy," and is sponsored by May-Cohen's of Jacksonville and the Duval Mental Health Association.

The program has been most diversified and includes such functions as: a fashion show; cosmetology demonstration; coiffure stylists to demonstrate and teach on an individual basis; poise and grooming lecture; a sewing class where the patients choose materials and construct garments assisted by professional designers and expert seamstresses; and, in conclusion, this completely fashion conscious group attends a hat fashion session to climax a unique glamour course.

This project has proven to be therapeutic in function and will be continued on a scheduled basis for the remainder of 1962 and the first half of 1963.

The hospital would like to take this opportunity to express our most sincere appreciation to the many volunteers and organizations who have made this program possible.

VOCATIONAL REHABILITATION—INDUSTRIAL THERAPY

In the last biennium we have had the full-time service of a Vocational Rehabilitation Counselor who is paid by the Vocational Rehabilitation office of the Department of Education. This counselor has done a tremendous amount of work toward the rehabilitation and relocation of patients who are ready to leave the hospital. He participates in the new case conferences each week and makes rounds with the individual psychiatrist through the wards, in this way obtaining an insight into the potentialities and capabilities of the various patients who will be referred to him by the psychiatrist. All of his referrals come directly from the psychiatrists. He then proceeds with a rehabilitation workup, so that this person may be referred to the district offices of the prospective client's residence.

We have had very good relationships with the various districts and the counselors, and many of them have come to the hospital for one or more days' orientation and visitation to see the type of program which we are carrying out. We have pushed our vocational rehabilitation service a good deal and hope to be able to expand this in the next biennium. We hope to tie in our present counselor with the new vocation unit, which we are planning, and many of his referrals will then go through the prevocational evaluation process before placement.

Our counselor has had the responsibility for some while of the Industrial Therapy program, and patients who are referred to him by the various

psychiatrists for placement. All patients who are in Industrial Therapy are there because of a request by them for participation in this program. No patient at the hospital is required to work but we have been amazed by the waiting list of patients who are requesting jobs in various areas of the hospital during their stay here. We have found that even a short time in Industrial Therapy placement in one of the various departments gives the patient a great deal of confidence in his abilities to perform and makes the path somewhat easier when he leaves the hospital and returns home.

The Vocational Rehabilitation counselor also carries out a weekly group therapy session with patients who are in his program. Some of these patients are individuals who are ready to go home in the near future, while others are patients who are in Industrial Therapy and have group interaction problems, which he does handle quite successfully. We feel that the usage of the counselor in the group therapy program is quite helpful, as it gives our patients a variety of group therapy experiences which they appreciate and from which they benefit.

VOLUNTEER SERVICES

We do not have a formal Volunteer Service program at the hospital, but we have been very fortunate in having a great deal of volunteer activity by various agencies. We have been assisted by the State Mental Health Association, as well as the Duval County Mental Health Association, with the arrangement of entertainment and activities for our patients. These organizations and others have been very thoughtful in the Christmas gift program for patients at the hospital. The local organizations of the town of Macclenny have given their time to provide activities from time to time for patients and these activities have been very well received by the patient group. We are limited in space somewhat and cannot handle all our patients at one time because of auditorium space, but we have been able to give fairly good coverage for such activities.



MEDICAL LABORATORY

LABORATORY AND X-RAY

The clinical laboratory has become increasingly active as our patient load has mounted. We have on our staff at the present time three laboratory technicians and one X-ray technician on a full-time basis. With this complement of personnel, we have been able to handle the demands on our laboratory very well and will continue to do so for the next fiscal year.

Routine examinations are done in our laboratory on all patients, and these consist of examinations on blood, urine, stool, and routine serological tests. Special tests, such as biochemical determinations, electrocardiograms, and electroencephalograms, are done by our laboratory staff upon special requests from the physicians.

We are quite well equipped with a diagnostic X-ray unit at the hospital and routine chest examinations are done on all applicants for employment as well as all admissions to the hospital. Various specialized examinations are performed by the consulting radiologist who spends a half day a week at the hospital.

ELECTROENCEPHALOGRAPHY

During a part of this biennium we were fortunate in having on our staff a psychiatrist trained in the field of electroencephalography, however, his services were lost to us when he left during the latter part of the biennium to go to another state. Electroencephalograms performed by him, upon referral by members of our psychiatric staff, averaged around four per week. Subsequent arrangements have been made with a neuropsychiatrist in Jacksonville, on a consulting basis, for interpretation of electroencephalogram tracings.

PHARMACY

The pharmacy has been active since the inception of the hospital and has kept a very adequate and complete stock of routine drugs, as well as special psychiatric drugs for the use of the medical staff. The pharmacy clerk is also charged with routine and periodic inventories of drug supplies on the individual wards in order to keep stock moving and prevent stock piling in any particular patient area. All drugs, with few exceptions, are bought on a quarterly requisition by the Purchasing Agent. We have had a small quantity of tranquilizers and psychic energizers donated to the hospital for use during this biennium.

ALCOHOLICS ANONYMOUS

During this biennium we have been able to start two alcoholics anonymous groups with the assistance of members of the Jacksonville Chapter of AA. We feel this program has been quite helpful, giving those

with alcoholic problems a better insight into their situation and encouraging them to follow up with AA after they leave the hospital. These groups meet at regular intervals under supervision of the clinical director. The presence of such a program at the hospital has been stimulating and has been particularly helpful in those cases where treatment facilities are not available in the home area.

NURSING DEPARTMENT

During the biennium we have had a constant expansion of nursing personnel as more and more facilities were activated for the reception of patients. The nursing department has the responsibility of taking applications, interviewing and processing applicants for employment as psychiatric aides, licensed practical nurses or registered nurses. We have had difficulty in obtaining aides in some areas, but, with increasing time, our turnover has decreased somewhat. Pay scale for aides, especially men, is not always competitive with local area wages and this has caused some difficulty in employment of qualified or capable male personnel. We are constantly trying to upgrade our personnel and do this by duty rotation, in-service classes, on-the-ward teaching, etc.

A formal in-service program has not been started during this biennium because of the lack of qualified teaching personnel who could give full time to this. However, early in the next biennium we hope to be able to undertake this program.

In the latter months of the present biennium, we have been able to employ more registered professional nurses and we are rapidly approaching a fairly good ratio of professional nurses and other non-professional personnel. The difficulty has not always been the matter of salaries but the unavailability of nurses not only in this area but in the state and nation as a whole. We use a number of licensed practical nurses and they perform an excellent job at their own particular level.

Periodic programs are sponsored by our nursing staff for the purpose of familiarizing public health nurses and other nursing groups with the various services involved in the care of patients within the hospital, so they may have a better understanding of patients' needs and can be more effective in their services to patients in the follow-up care program. These sessions have been well attended and we feel the information disseminated at the nursing level has been of good value, encouraging clearer understanding of mutual problems, as well as closer liaison between our staff and those engaged in public health nursing, general hospital nursing and private duty nursing.

DIETARY DEPARTMENT

This department operates under the supervision of a Food Service Manager and a Chief Steward.

During this period five serving rooms were opened in the new geriatrics section. The food to be served patients in these areas is prepared in our general kitchen and transported to the various serving rooms by truck in "Air-Void" containers. These new facilities have increased our seating accommodations by 88 for each of the five new geriatric buildings. The combined seating capacity in all patients dining rooms is now 780 and in all employees dining rooms 124. Meals are served cafeteria style, patients and employees receiving the same menu. All employees must pay for their meals by cash and these collections are refunded to our Food Products appropriation.

Training films and lectures are presented by the State Board of Health to employees of our food service departments and the majority of these employees have been awarded food handlers certificates.

HEATING PLANT

The central heating plant consists of two forced circulation High Temperature Water generators, each rated at 20,000,000 BTU per hour at 275 psig and 414° F. outlet conditions and 250° F. inlet temperature. The central HTW heating system serves the heating, domestic hot water and process requirements of 26 of the existing buildings in the facility and with the addition of one generator will serve the remainder of the buildings which are planned for the future. The system also provides the heat source for the 60-ton and 340-ton absorption type air conditioning machines located here.

The plant is heavy oil fired, burning #6 Bunker "C" fuel oil and has a storage capacity of 50,000 gallons of fuel. Our peak load thus far has resulted in the usage of 2,778 gallons in a 24-hour period. Total fuel used during this two-year period amounted to 1,100,766 gallons.

WATER AND SEWAGE PLANTS

This department operates under the supervision of a Sanitary Engineer and consists of three employees.

Water treatment consists of chlorination and aeration. Consumption during the period amounted to 85,155,000 gallons, an average daily use of water of 116,000 gallons.

Facilities added during this period included a 250,000-gallon elevated storage tank and a new pump with a 40 HP electric engine and a gasoline stand-by engine.

Sewage treated amounted to 72,874,000 gallons. Plant expansion included a new Spirahoff, Standard Rate Filter, Secondary Clarifier, and a Chlorine Contact Chamber.

The following tests and the prescribed treatment are also performed by this department.

Heating Plant—Weekly tests are made for heating system.

Cooling Towers—Weekly tests are made for corrosion and algae control. Towers are dumped and cleaned monthly.

Air Conditioning Machines—Daily tests are made for pH, total solids and algae.

Steam Generators—Daily tests are made for hardness, alkalinity, phosphate and sulfite.

This department also makes periodical sanitary inspections throughout the institution.

LAUNDRY

Laundry personnel is charged with marking, issuing, processing and mending patients' clothing and linens. Major items of equipment include a Monorail System, 12 Presses, 4 Tumblers, 5 Washers, 3 Extractors and a 100-inch Flatwork Ironer. Total investment in laundry equipment amounts to approximately \$69,000.

GENERAL MAINTENANCE

Maintenance service provided by 14 employees, operating under our Building Maintenance Superintendent, includes refrigeration and air conditioning, electrical, carpentry, painting, plumbing and welding. These services are performed, where required, to all buildings and mechanical processes at the institution. Additional inspections and servicing programs of preventative maintenance are conducted.

Other necessary functions are efficiently carried out by Communications, Transportation and Security, Supply and Grounds Maintenance Departments.



ONE OF THE DAY ROOM AREAS

MOVEMENT OF PATIENT POPULATION

	July 1, 1960 to June 30, 1961	July 1, 1961 to June 30, 1962
ADMISSIONS:		
On New Commitment.....	584	737
Certifications.....	41	46
Voluntary Admissions.....	1	3
Readmitted on Former Commitment.....	3	3
Returned from Trial Visit.....	421	304
Returned from Escape.....	43	34
Transferred from other Divisional Hospitals.....		21
Admitted while on Trial Visit from other Div. Hosp.....	9	19
Transferred from Non-Divisional State Institutions.....		1
Other.....	4	2
TOTAL ADMISSIONS.....	1,106	1,170
SEPARATIONS:		
Released on Trial Visit.....	756	674
Discharges:		
By Staff.....	80	140
For Transfer to VA Hospitals.....	23	24
For Transfer to Other States.....	23	21
Certified Patients.....	41	32
Voluntary Patients.....	1	1
Transfers to other Divisional Hospitals.....	7	9
Transfers to Non-Divisional State Institutions.....	2	4
Escaped.....	72	73
Patients Died.....	19	39
Other.....	3	2
TOTAL SEPARATIONS.....	1,027	1,019
Net Increase in Population.....	79	151
POPULATION BEGINNING OF PERIOD.....	363	442
POPULATION END OF PERIOD.....	442	593
AVERAGE NUMBER OF PATIENTS.....	417	511

PSYCHOSES OF ADMISSIONS

	July 1, 1960 through June 30, 1961					July 1, 1961 through June 30, 1962				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol Intoxication.....	2	2	7	2	13	2		7		9
Drug or Poison Intoxication (except alcohol).....		1			1					
All other Conditions.....		1	1	1	3	4	1	1		6
TOTAL ACUTE BRAIN SYNDROMES.....	2	4	8	3	17	6	1	8		15
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Diseases and Conditions due to Prenatal Influence.....	1				1				1	1
Meningoencephalitic Syphilis.....	1		1	1	3	2		4		6
Other CNS Syphilis.....	1		1	1	3				1	1
Epidemic Encephalitis.....							1			1
Other Intracranial Infections.....	2	1			3	1	1		1	3
Alcohol Intoxication.....	8		1		9	6	3		4	13
Birth Trauma.....	1				1		1	1		2
Other Trauma.....	6	1	1	2	10	4	2	1		7
Cerebral Arteriosclerosis.....	18	6	6	7	37	22	14	12	17	65
Other Circulatory Disturbance.....			4		4	2	4		1	7
Convulsive Disorder.....	5	2	6	1	14	6	2	5		13
Senile Brain Disease.....	3	10	3	3	19	5	4	7		16
Other Disturbance of Metabolism, Growth & Nutrition.....		1		1	2	4				4
Intracranial Neoplasm.....						1	1			2
Diseases of Unknown and Uncertain Cause.....	1	1			2	1	2			3
Chronic Brain Syndromes of Unknown Cause.....			1		1			1		1
TOTAL CHRONIC BRAIN SYNDROMES.....	47	22	24	16	109	54	35	31	25	145
PSYCHOTIC DISORDERS:										
Involuntal Psychotic Reaction.....	3	18			21	6	7		1	14
Manic Depressive Reactions.....	6	14		1	21	14	12	3	13	42

PSYCHOSES OF ADMISSIONS — Continued

	July 1, 1960 through June 30, 1961					July 1, 1961 through June 30, 1962				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Psychotic Depressive Reaction.....	11	5	1	.....	17	5	9	.....	1	15
Schizophrenic Reactions.....	121	98	48	59	326	112	152	56	108	428
Paranoid Reactions.....	2	2	1	.....	5	4	2	.....	.....	6
Other.....	.....	1	.....	.....	1	.....	.....	.....	.....	.....
TOTAL PSYCHOTIC DISORDERS.....	143	138	50	60	391	141	182	59	123	505
PSYCHOPHYSIOLOGIC, AUTONOMIC, & VISCERAL DISORDERS.....	1	1	.....	.....	2	4	.....	.....	.....	4
PSYCHONEUROTIC REACTIONS.....	11	20	1	.....	32	10	19	1	.....	30
Personality Pattern Disturbance.....	10	3	.....	.....	13	3	.....	.....	.....	3
Personality Trait Disturbance.....	4	3	1	1	9	4	2	.....	.....	6
Antisocial Reaction.....	.....	.....	.....	1	1	5	.....	1	.....	6
Dyssocial Reaction.....	1	1	1	1	4	4	2	.....	.....	6
Sexual Deviation.....	3	.....	.....	.....	3	6	1	.....	.....	7
Alcoholism (addiction).....	21	1	2	.....	24	12	5	.....	1	18
Drug Addiction.....	2	.....	.....	.....	2	3	.....	.....	.....	3
TOTAL PERSONALITY DISORDERS.....	53	29	5	3	90	51	29	2	1	83
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	2	2	1	.....	5	6	4	2	1	13
MENTAL DEFICIENCY.....	5	6	5	1	17	9	8	5	.....	22
MENTAL DISORDER UNDIAGNOSED.....	1	1	.....	.....	2	.....	1	3	.....	4
WITHOUT MENTAL DISORDER.....	.....	1	.....	.....	1	.....	1	1	.....	2
GRAND TOTAL.....	253	203	93	83	632	267	261	111	150	789

ADMISSIONS BY COUNTIES

	July 1, 1960 through June 30, 1961					July 1, 1961 through June 30, 1962				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Alachua.....	11	8	7	4	30	20	5	3	8	36
Baker.....	5	7	4		16	8	12	1	1	22
Bradford.....	5	1	1		7	5	9		1	15
Brevard.....	7	3	2	1	13	9	6	1	1	17
Citrus.....	1		1	1	3	2	1	2	2	7
Clay.....	5	1		1	7	4	4			8
Columbia.....	12	6			18	17	11	6	2	36
DeSoto.....								2	1	3
Dixie.....		2			2	2			1	3
Duval.....	68	89	24	26	207	58	93	23	27	201
Escambia.....							1			1
Flagler.....						1		1	1	3
Gilchrist.....							1			1
Hamilton.....	4	2	1		7	4	3			7
Hernando.....		1			1			1		1
Highlands.....								2		2
Hillsborough.....	26	11	13	10	60	16	7	17	16	56
Indian River.....	3		1	3	7		1	2	2	5
Jefferson.....									1	1
Lafayette.....						2	2			4
Lake.....	1	2			3	5		1		6
Lee.....			2		2			3	5	8
Leon.....		1			1	1				1
Levy.....	3	4			7	2	2	1		5
Madison.....	1		1		2	1			1	2
Manatee.....	1			1	2	2		3	2	7
Marion.....	14	8	4	4	30	20	15	5	7	47
Nassau.....	3	6	3		12	1	9		2	12
Okeechobee.....									1	1
Orange.....	34	21	12	10	77	35	33	9	12	89
Osceola.....								1		1
Pasco.....		1			1		1		2	3
Pinellas.....	15	7	5	3	30	13	6	4	13	36
Polk.....	2		3	8	13	1		6	14	21
Putnam.....	8		2	3	13	4	3	6	4	17
Sarasota.....	6	1	2	2	11	2	3		3	8
Seminole.....	2	1	2	1	6	4	5		5	14
St. Johns.....	4	3	2		9	4	5	1	2	12
Sumter.....			1	1	2	1			2	3
Suwannee.....						5	3		1	9
Taylor.....	1				1	1	1	1	2	5
Union.....	1	1		1	3				1	1
Volusia.....	10	16		3	29	17	19	9	7	52
TOTAL.....	253	203	93	83	632	267	261	111	150	789

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HOSPITALS

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Admissions by Counties	58	78	106	126
Alcoholics Anonymous	—	—	—	118
Chaplaincy.....	44	72	96	—
Construction Department	50	—	—	—
Death Rate	59	78	106	—
Dental.....	47	68	98	—
Department Heads & Medical Staff....	28	62	80	108
Dietary.....	49	72	101	119
Drug Therapy and Shock Therapy.....	38	—	—	—
Educational Rehabilitation	—	—	92	—
Electroencephalography.....	—	70	—	118
Engineering Department	51	—	—	—
Fire Department	51	73	—	—
Funeral Department	37	—	—	—
General Information	—	64	82	110
Glamour Therapy	—	—	—	115
Heating Plant	—	—	—	120
Horticulture.....	51	—	—	—
Hospitalization Facilities	33	—	—	—
Housekeeping.....	—	—	101	—
Industrial Therapy	43	—	93	115
Laboratory.....	35	67	97	118
Laundry.....	52	73	102	121
Library.....	—	—	86	—
Maintenance.....	—	73	100	121
Mattress Factory	53	—	—	—
Medical Division	32	65	83	111
Methods of Admission and Release.....	31	—	—	—
Movement of Patient Population.....	55	75	103	123
Nursing Service	—	66	86	119
Occupational Therapy	41	70	90	114
Personnel Department	48	72	100	—
Pharmacy.....	37	68	98	118
Psychology.....	38	67	89	112
Psychoses of Admissions	56	76	104	124
Recreational Therapy	41	70	91	114
Research.....	—	—	85	—
Sanitation Department	51	—	—	—
School of Nursing Education	46	—	—	—
Security Department	—	—	102	—
Sewing Room	53	—	—	—
Social Service Department	39	70	87	113
Supply Department	—	—	100	—
Surgery.....	34	—	—	—
Training and Education	—	—	84	—
Vocational Rehabilitation	43	71	93	115
Volunteer Services	41	71	94	116
Water and Sewage Plants	—	—	—	120
X-ray Service	37	68	97	118